V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 90/
Village or CiEUDOWOOD SANATORIUM, or	CAWSON MD St., Ward death occurred to a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Randolph Floyd	alexander.
(a) Residence: No.	St. Ward. Leon and stown
(Usual place of abode)	If nonresident give eity of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Cle sle 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	/
(or) WIFE of Carling Colisbath algrands	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wood 3, 1903	I last saw he man alive on Jane 97 , 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at LOm_
~ 8 10 27 1day hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	The type and 19
9. Industry or business in which	Juleanly Entrati Con 03
work was done, as SILK MILL, SAW MILL, BANK, etc.	July a Court to the 11
10. Date deceased last worked et this occupation (month and year)	- January - Janu
26-178	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Wandsleph Blixandy	
13. NAME Mandagol Alexandry 14. BIRTHPLACE (city or town) Normand - 2/a.	Neme of operation
(State or country)	What test confirmed diagnosis? The Was there an au opsy?
15. MAIDEN NAME Childrel Lowry	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Harring - 2/4	Accident, suicide, or homicide? Data of Injury, 19
₹ (State or country)	Where did injury occur? (Specify city or town, county and State)
Hospital Records Personal History	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Addres DUDO WOOD SANATORIUM, TOWSON, MD.	•••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mappica Ma Date Jun 29, 19.2	Nature of injury
19. UNDERTAKER Specific Co S (Add/955)	24. Was disease or injury In any wey related to occupetion of deceesed?
	(Signed) Na Budges M. D.
20. FILED Jan. 27, 1892 Her P. Bulte	(Address) Towson, Mabyland.
If more blanks are needed address State Resistrar	24 T N Charles Street Baleimore Requesting 9) S No x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 60 P			
7. %			

73				D:	P.T	1

PLACE OF DEATH County Ball	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Greford (No. 2FULL NAME Charles Brouk	St.: Ward) Oader St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male A COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / /0 , 1932 (Month)— (Day) (Year)
7 AGE May 1931 (Year) 7 AGE	I HEREBY CERTIFY, That I attended the decessed from 1962 to 1962 to 1962 that I last saw here alive on 1960 that I death occured on the date stated above, at 9-30 Pm. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes race de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Harry L. Bladu 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BALLS 17 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondsry (Signed) *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) Harry J. Badic (Address) Salar (Address) Salar (Address) Registra	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Jan 13, 1932. 20 UNDERTAKER Fralty Dani Liminat Arc, Balts
If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

EXACTLY, PHYSI-

Id be carefully supplied ACE should be stated EXAC DEATH in plain terms so that it may be properly classify important. See instructions on back of certificate.

f information should be carefully a state CAUSE OF DEATH in plaid OCCUPATION is very important.

statement

EVE

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C. S. No. 1

RECORD

TH UNFADING INK---THIS MARGIN RESERVED

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook to, report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Lulshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer But in many Wom-

Statement of Cause of Death—Name, first, the DIS-RASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Liphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); - obar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., separa accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railray train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Committee on Chronic Example: Meastes (disease affection need etc. valendar Nomenclature of the The contributory heart not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

EVEN 25 1936

BINDING

MARGIN

	' PLACE OF DEATH	
Сош	nty Bult.	4
Villa	ge or City Carney (No. Idayfors	1
	PERSONAL AND STATISTICAL PARTICULARS	
335	MARRIED, WIDOWED OR DIVORCED (Write the word)	1
6 DA	TE OF BIRTH	1
	May (Month) (Day) (Year)	1
7 AG		
pai (b	CCUPATION) Trade, profession, or riscular kind of work) General nature of Industry siness, or establishment in ich employed (or employer)	
	RTHPLACE (State or country) Balt. Jank.	
	10 NAME OF FATHER LAS Selvender	(
FNTS	11 BIRTHPLACE OF PATHER (State or country) Lennon.	-
PAR	12 MAIDEN NAME OF MOTHER Caller and Anti-	1
	18 BIRTHPLACE OF MOTHER (State or country) Services	
	(Material Control of the BEST OF MY KNOWLEDGE	-
	(Address) & Odorrais and	1
16 Elle	the g 32 G. Will Been ind.	2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ver Baer:	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH (Mensh)	19, 1977
17 I HEREBY CERTIFY, That I attend	(Day) (Year)
JULY 1 ,1830 , to JANUA	
that I last saw her alive on Janua	ny 28, 1972,
and that death occurred on the date state	dabove, at
The CAUSE OF DEATH * was as follows: Replantes, Chemic int	instituat
2	
(Duration)	.yrs ds.
Centributory Junihitio ac	uli
(Duration)	yrs mos. 6 ds.
(Signed) Wytofman	, m. e.
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	deaths from VIOLENT whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)	TITUTIONS, TRANSIENTS,
At piece In the	yro
ueuzi residence	
19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL

ADDRESS

REGISTRAN

UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. & yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm loborer, Laborer mobile factory. especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as ACCIDENTAL, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deates cause. Always qualify all diseases resulting from child-birth or mircarriage as "PUBEPBRAL septichacneia," "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvulor heart disease; Chronic interstition ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraemia," "Weakness," nia" (mercly symptomatic), "Atrophy, "Coma," "Convulsions," "Debility" The contributory (secondary or intereurby carbolic acid-probably "Atrophy," ("Com-

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA PLACE OF DEATH Jo pluods County Registration Dist. No. item Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of own where death occurred How long in U.S. if of foreign birth? yrs. mos. ds. Darss CORD. (a) Residence: No. St ... Ward If nonresident give city or town and State Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORGED (white the w aus. (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day, ____hrs min. Date of onset 8. Trada, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo may back 9. Industry or business in which plaous work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation _ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAM Name of operation 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis?. MOTHER very important. 15. MAIOEN NAME 23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town PLAINLY (State or country) Where did injury occur? ___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Place Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Address) _ C Registrar. If more blanks are heeded, address tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

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	Example I		Example II	
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU VS.	July 5,1927	Peritonitis	3 days ago
	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year
				·

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20

vi

PLACE OF DEATH	STATE OF MARYLAND
County Ballimore	23 CERTIFICATE OF DEATH
1 ' 1 ' 100	Registration Dist. No. 53
Village or City wrugo Julls (No	St.: Ward) St.: Ward) Berwager St.: a hospital or institution, give its NAME is stead of street an number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Widowed. Or Divorced (Write the word)	16 DATE OF DEATH January 14, 1932
6 DATE OF BIRTH April 24, 19// (Month) (Day) (Year)	December 1 1981 to January 14, 1932
7 AGE (Month) (Day) (Year) 1 If LESS that I day hrs or min.	
(a) Trade, profession or Sunate; Rosewood particular kind of work State rawing (b) General nature of industry School; ourning business, or establishment in which employed or (employer) multiples and	Contributory
9 BIRTHPLACE (State or country) Waryland 10 NAME OF FATHER John Bernager	(Signed) Herge @ Suclary M. D. Jan 14 132 (Address) Owng Smill M.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sabina Sherman	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place // yrs 3 mos. /O ds. In the State 20 yrs mos. 2/ ds. Where was disease contracted, if not at place of dea.h? Maknow
(Informant) Rosewood State Training (Address) School Owings hulls and	Former or usual residence Mestminater and a DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DIATEOF BURIAL
Filed June 15 19202 18 Berelen F. Registrat	JA Sharrar Dom Westminster

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Scrvanl, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to cuch and every whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Civil engineer, Foreman, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. (b) Automobile factory. The material (a) the kind of work and also (b) the person, irrespective of -Coal mine, etc. Wom-Locomolive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEANE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential permanently filed.

If this certificate is looked over thoroughly and all questions

answered in detail, it will prevent further correspondence.

essential and must be obtained before the certificate is

American Medical Association.)

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Mcasles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) Committee on for malignant neoplasms); Meusles; Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

PLACE OF DEATH	STATE OF MARYLAND
County /solling	CERTIFICATE OF DEATH
A CONTRACTOR OF THE PARTY OF TH	Big So
1 10 1 10	Registration Dist. No.
Village or City Catouselle (No. ofit /	St.: Ward) a hospital or institu-
100000	tion, give its NAME in-
2 FULL NAME Clark & Bish of	Clara L. BISHOP number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
formale While SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
16. A /h. 1 3017	Ma 1974. to lan 24, 192,34
(Month) (Day) (Year)	that I last saw han alive on Sec. 23 , 19232
7 AGE (If LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
8 6 yrs. mos. ds. or min.?	Franticed Hell His Slelf on
B OCCUPATION	how the state
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yts. mos. ds.
9 BIRTHPLACE	Contributory Smill Demuita
(State or country) high,	altas Chilons (Duration) 3 yes mos. de.
FATHER Martin Elizabours	(Signed) M. D. M. D.
o 11 BIRTHPLACE	192 (Address)
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a comment	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 11 In the State 80 yrs
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Eleanor. Hosking.	Former or usual residence
(Informant) verico. Hosting	19 PENCE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 2522 Well	Usata Proctore mail 6. 1832
15 9/1/1	20 UNDERTAKER ADDRESS
Filed 192	Or matches and I was fat
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, addge. State Registra	July 11. Datatoga Dil, Dattor, Requesting 11 D. 100

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farmi laborer, Laborer—Coal minc, etc. woinen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fremun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ,, etc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU., Y can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PLAINLY

PLACE OF DEATH County Balto. 60	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Nederwood (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	NEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH November 3, 1858 (Month) (Day) (Year)	16 DATE OF DEATH , 192 17 I HEREBY CERTIFY, That I attended the deceased from 1932 to 24 , 1932 that I last saw h alive on 1932 1932 1932
7 AGE If LESS than I day hrs. Age Age	The state of the s
b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Duration) yrs. mos 10. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) Ulucull House M. D. Jan 2 192 2 (Address) Taxam Mel
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY ann Carmondy 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) OF FATHER (State or Country) OALLine OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) (Address) Rederwood end Filed fan 21 1982 Hall Registras	If not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OBREMOVAL Lowoley Pork 20 UNDERTAKER July Bury Leve Tousy
If more blanks are needed, addre.s Ltate Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specimentum as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a

Statement of Cause of Death—Name, first, the Distract CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondar) or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular etc. The contributory Nomenclature of the heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state infor-

of

If more blanks are needed, address State Registrar, 2411 N. Charles Speet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	257		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	/		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or die Hon R

PLACE OF DEATH County Baltimore	00189 STATE OF MAR
/ County P County	Registration Dist. N
P .	cond are Star Ward) (If a ho tion, stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Da
6 DATE OF BIRTH November 11, 1912 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended
7 AGE If LESS tha I day hr or min.	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work muchinests believed (b) General nature of industry business, or establishment in which employed or (employer) Worselty Steum Borlen to BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Long Colonia Bopse	(Signed) Chester Riland, 1-23-1932 (Address) 2532 81
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the listase Causing Dean, or, or, Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidai.
OF MOTHER Columbia Olio	-
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, In the
	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place of death
(Informant) Suy C. Byport. (Address) Lewsdowne hus. (Address) 1932 Leffukieffe	18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place of death

STATE OF MARYLAND CATE OF DEATH

tration Dist. No.

...Ward)

(If denth occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

ADDRESS

CATE OF DEATH (Day) (Year) hat I attended the deceased from te stated above, at / / yrs.....ds. Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Trans-In the State......ds,

No. σά

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. to report specifically the occupations of persons-en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, not gainfully em-But in many

Stricement of Cause of Death—Name, first, the Disease: Cousing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebra pinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stetantus) may be stated under the head of "contributory." American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
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If this certificate is looked over thoroughly and a'l qu stions hangwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH Registration Dist. No. Village or City death occurred in a hospital or institution, give its NAME instead of street and number) 23. ds. How long In U.S. if of foreign birth?_____yrs,____mos.___ 2. FULL NAME St.. Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CARTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, (Day) 5a. If married, widowed, or divorced HUSBAND of 22 That I attended deceased from (or) WIFE of certificate. 6. DATE OF (BIRTH (month, day, and year) 7. AGE Months If LESS than 1 day, ... hrs. ed causes or min. 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc. may back 9 Industry or business In which should work was dona, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation . yaar) instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (State or country) What tast confirmed diagnosi as there an autopsy?_ carefully MOTHER important. 15. MAIDEN NAME If death was due to external causes (VIOLENCE) fill in also the following OF DEATH Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury CAUSE hation Nature of injury NOIL way related to occupation of deceased (Address) If so, specify 20. FILED 1 - 1 & Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset .
Arterioselerosis FEB 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

OCCUPA-

STATE O	F MARYLAND—CERTIFICATE	OF	DEATH	66191
DEATH	23			7.

1. PI	ACE OF DEAT	TH			23	-
C	ounty Baltin	ore	~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Registration Dist. No.	
Village or City Mt. Wilson				(if	Mt. Wilson Branch, Md. No. Tuberculosis SanatoriumSt., death occurred in a hospital or institution, give its NAME instead of sireet and n. 11 ds. How long in U.S. if of foreign birth?	Ward
					Born in U.S.A.	\$
		lichael			Paltinon Mamal	3
(:	a) Residence: No. 2	900 Ayı	(Usual place		St., Ware Baltimore, Maryla	
F	PERSONAL ANI	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Ma		or RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (regite the word) Wed	21. DATE OF DEATH January (Month) (Day)	, 1932 • (Year)
HUS	rried, widowed, or divor BBAND of WIFE of E11	cad a May E	Bosman		22. I HEREBY CERTIFY, That I attended of June 18th, 19 30 to January 29	deceased from
6. DATE	OF BIRTH (month, day,	and year) Mi	av 16 1	872	Hast saw h_im alive on January 29th 19.32	
7. AGE	Years 59	Months 8	Days 13	If LESS than I day,his. ormin.	to have occurred on the date stated abova, a 3 • 4QP · m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. 1 0	Frade, profession, or par kind of work dona, a SAWYER, BOOKKEEF	IS SPINNER, ST	perint	endent of	Pulmonary tuberculosis	Jan. 1928
PA 9.1	ndustry or business in work was done, as SI SAW MILL, BANK, et	which	ertiliz	er Factor	У	
OCCUPATION	SAW MILL, BANK, et Data deceased last work this occupation (mon year) Janua	ked at th and	ena ena	time (years) ent in this 40 yr	3.	
	HPLACE (city or town)	Rel+ime	ore		Other Contributory Causes of importance: None	
مد ا الله ا	NAME Alexand	ler Bosn	nan			
14. E	BIRTHPLACE (city or too (State or country)	wn) Balti Maryl	more		Name af operation None Data of What test confirmed diagnosis? X-ray and sputum Was there an a	exam no
프 15. N	MAIDEN NAME BE	arbara I	Hartlin	е	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. N	BIRTHPLACE (city ar tow (State or country)	wn) Balti	more and:		Accidant, suicide, or homicide? Data of injury Whera did injury occur?	
17. INFO	RMANT George Address) 1206 I	W. Bos Dukeland		alto. Md.	(Specify city or town, county and State Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
	AL, CREMATION, OR RI	PII	n.Date Fel	بر / ابراء عد	Manner of Injury	
	Address) 1737	ge W. 6	er le	1	24. Was diseasa or injury in any way related to occupation of deceased?	No
20. FILED	1-31-	37 42	& m	eliel Registrar.	(Signed) Shu C. Duelly (Address) Mt. Wilson, Nd.	M. D.
		**		11 0 0		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemarrhage 1132	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year
		·	

MARGIN RESERVED FOR BINDING	PLAINLY, ITH UNFADING INKTHIS IS A PERMA NT RECOR	of information should be carefully supplied ACE should be stated EXACT	uid state CAUSE OF DEATH in plain terms so that it may be properly class	OCCUPATION is yery important. See instructions on back of certificate.
	Р	of	nid	2 TC

d. Exact	PLACE OF DEATH County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
EXACTLY,	Village or City Saks (No	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
atec ope ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st ly be pr	Final Black Single, MARRIED, Malmod OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 1952 (Month) (Day) (Year)
E shoul	6 DATE OF BIRTH	19 I HEREBY CERTIFY, That I attended the deceased from 1912 to 2 1952 that I last saw has alive on Jan 3 1932
s so th	7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day hrs. yrs. mos. ds. or min.?	and that death occured on the date stated above, at 12-10 qm. The CAUSE OF DEATH * was as follows:
ully supplain ten	(a) Trade, profession or particular kind of work (b) General nature of industry from makes the control of the	(Duration) yrs. Mars. de
F DEATH in very importa	9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Durstion vrs. mos ds
S S	FATHER 11 BIRTHPLACE OF FATHER 2	(Signed) (Address) Lake mg
CAUS	Z (State or country) L 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
f informad state	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
oui	(informant) Min John Booley	if not at place of death?
Every item CIANS sho statement	(Address) Sumption (Ing	Mt Cluburn Cem Ball Jan 1 , 1822
0	Filed and 5 19232 Trances (Allas Secretaria)	Geo H Holland 1631 Druid Will r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. Balton
700	If more planks are needed, address blace Registrar	Mr. I

REVISED SERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, barer Farm laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: 'o' business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons without more precise specification as Day Compositor, Architect, (a) the kind of work and also (b) the (b) Automobile who have no occupation factory. The materia Locomotive engineer; But in many (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cercbrospinal MASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-"uphoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,"

> tetunus) may be stated under the head of "contributory. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) as fracture of skull, and eonsequences (e. g., sepsis, carbolic acidaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculusis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) Whooping cough; use of "Tumor" (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY on," "Heart failure," "Haemorrhage," -probably suicide. The nature of the injury, Committee for malignant neoplasms); Chronic on Example: Measles (disease affection etc. The contributory valvular heart Nomenclature Always qualify all need not be Measles, disease; etc., of

If this certificate is looked over thoroughly and all questions



PLACE OF DEATH	STATE OF MARYLAND
County Ballo.	CERTIFICATE OF DEATH
**************************************	Profession Dist No. 3/
alt 1.1.	Registration Dist. No.
Village or Civillugh (No.69 5 1/10	arbolough Pool Sec Ward) a hospital or institu-
	tion, give its NAME in-
2FULL NAME Mary. & Bull	ock number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Phile Single, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH HNURRY 2 7 , 1932
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 9 . 8.	50 Sept 1984. to Jan 27 , 1982,
(Month) (Day) (Yea	
7 AGE UIFLESS (
l day	hrs. The CAUSE OF DEATH * was as follows:
76yrs. 10 mos. 18 ds. or m	in? Chronic treffentis
a OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration)
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Sulls Md	Secondary
I 10 NAME OF	(Duration) yrs mos de,
FATHER M. Mallery	(Signed) M. D.
II BIRTHPLACE	- 1-2.7 1992 (Address) V800W334984
OF FATHER (State or country) Not Known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER Mof	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MAT K.	At plece of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et place of deeth?
	Former or
(Informant) M. t. E. Bullock	usual residence
(Address) 6905 Marlbowng . Rd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6 700 mary . 19.	Men Cathedral Cemelery Jan 37, 1932
15 Filed and 1982 And Butte	20 UNDERTAKER ADDRESS
Filed Jawos 1992 William Registrar	Henry Josel Jos Ene 1301 E Eagu St
If more hanks are needed, address State Regis	

fifit 93 cours of Many A

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is vcry important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman; (b) Grocery. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

6. DATE OF BIRTH (month, dey, and year) May 12 - 1855 7. AGE Years Months 1 Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER Relevand Farmer. 9. Industry or business in which work work was done, as SIKK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et This occupation (month and Fal. 1922) spent in this spent	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City FreeLand (R.A.) Length of residence in city or town where death occurred	1. PLACE OF DEATH	22-2
Length of residence in city or town where death occurred. 4. St. How long in U.S. if of foreign birth? 4. COLOR OR RACE (a) Residence: Mo. (bust place of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. Hencendent give city or towns and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRID, WIDOWED (Booth) WILL OR OWNERS OF WARD (Clay) (Table of the grant) S. J. Harried, withough or divorced (Booth) WILL OR OWNERS S. J. HARRIED, WIDOWED (Clay) (Booth) J. J	County Sallo	Registration Dist. No. 25
2. FULL NAME (a) Residence: No. (b) (Usualplace of abods) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARKED, WIDOWED OR WOVECES (WITCH the byard) SA. IT married, widowed, or divorced (to) WIFE of (to) Wire of of (to) Wi		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: 80. (b) Unualphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OB DYORGE (write the year) So. II married, widowed or divorced 100 Birth (month, day, and eyear) 101 Married, widowed, or divorced 102 Married, widowed, or divorced 103 Married, widowed, or divorced 103 Married, widowed, or divorced 103 Married, widowed, or divorced 104 Married, widowed, or divorced 105 Married, widowed, or divorced 105 Married, widowed, or divorced 105 Married, widowed, or divorced 107 Married, widowed, or divorced 108 Married, widowed, or divorced 109 Married, widowed, or death of a silve or country 100 Married, widowed, or divorced 109 Married, widowed, or divorced 100	Length of residence in city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORED (certic the year) What will be the properties of the properti		
3. SEX ACOLOR OR RACE OR DIVORCED Comic the ward Worker the ward Worker the ward Worker the ward Worker the ward thus have a discovered t		St., Ward. If nonresident give city or town and State
Missel Widowed or divorced Widowed or divorced HUSBAND Age of the parallely Widowed or divorced HUSBAND Age of the parallely Widowed or divorced HUSBAND Age of HUSBAND Age	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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8. DATE OF BIRTH (month, day, and year) May 7 - 855 7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at J P. m. 8. Trade, profession, or perticular Sind of work done, as SPINNER Relative Advances. Industry or business in which ILL, SAW MILL, BANK, etc. 1. Industry or business in which ILL, SAW MILL, BANK, etc. 1. SIRTHPLACE (city or town). Spent in this year) 1. BIRTHPLACE (city or town). Occupation (month and year) 1. BIRTHPLACE (city or town). Or actually occupation (month and year) 1. BIRTHPLACE (city or town). Or actually what is tone of peration. 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation (State or country) 1. BIRTHPLACE (city or town). Or actually occupation. 1. BIRTHPLACE (city or town). Or actually occupation. Or actuall	HUSBAND of '}	
T. AGE Years Months Oays If LESS than I day. hrs. or. min. 8. Trade, profession, or perticular SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, e	720	January 28 1932, 10 January 31, 1932
8. Trade, profession, or perticular kind of work done, as SPINNER Colleged Farmer. Solution of work done, as SPINNER Colleged Farmer. Date of onset the work of the spinner of the spinner of the spinner of the spinner. Date of onset the spinner. Date of onset of the spinner of the spinner of the spinner of the spinner. Date of onset of the spinner of the spinner of the spinner of the spinner of the spinner. The PRINCIPAL CAUSE OF DEATH and related couses of importance the spinner. Date of onset of the spinner of the spinner of the spinner of the spinner of the spinner. Date of onset of the spinner of the sp	6. DATE OF BIRTH (month, dey, and year) May 12 -1855	Glast saw h. Late. alive on January 31, 1932; death is said
8. Trade, profession, or perticular sind of word domes STRINER Detered January. 8. Industry or business in which says SIK MILL, SAW MILL, SAKW SILK MILL, SAW MILL, SAKW MILL, SAKW SILK MILL, SAW MILL, SAKW SILK MILL, SAW MILL, SAW MILL, SAKW MILL, SAW MILL, S		
9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked etc. In this Soyr occupation (month and parties) spent in this Soyr occupation (State or country) 21. BIRTHPLACE (city or town) October (State or country) 22. BIRTHPLACE (city or town) October (State or country) 23. Industry or business in which work was done to external causes of Importance: 24. What test confirmed diagnosis? Was there an aulopsy? Note of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 25. Industry or business in which work was done to external causes (VIOLENCE) fill In also the following: 26. Accident, suicide, or homicide? Date of injury, 19 27. INFORMANT Of Manual State of Country and State) 28. BUBIAL, CREMATION, OR REMAYAL 19. UNDERTAKER Musicular Country Manual State of Injury in any wey related to occupation of deceased? 29. FILEO JEC 2, 1932 Samuel S. Miller Country (Signed) State of Country in any wey related to occupation of deceased? 20. FILEO JEC 2, 1932 Samuel S. Miller (Signed) State of Country in any wey related to occupation of deceased? 20. FILEO JEC 2, 1932 Samuel S. Miller (Signed) State of Country in any wey related to occupation of deceased? 21. In this occupation of deceased? 22. Was disease or injury in any wey related to occupation of deceased? 23. If we the was due to external causes (VIOLENCE) fill In also the following: 24. Was disease or injury in any wey related to occupation of deceased? 25. If we have the country in any wey related to occupation of deceased? 26. Gigned) State of Country in any wey related to occupation of deceased? 27. In the country in any wey related to occupation of deceased? 28. Bublish of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occu	/6 0 // ormin.	ware as follows:
9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked etc. In this Soyr occupation (month and parties) spent in this Soyr occupation (State or country) 21. BIRTHPLACE (city or town) October (State or country) 22. BIRTHPLACE (city or town) October (State or country) 23. Industry or business in which work was done to external causes of Importance: 24. What test confirmed diagnosis? Was there an aulopsy? Note of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 25. Industry or business in which work was done to external causes (VIOLENCE) fill In also the following: 26. Accident, suicide, or homicide? Date of injury, 19 27. INFORMANT Of Manual State of Country and State) 28. BUBIAL, CREMATION, OR REMAYAL 19. UNDERTAKER Musicular Country Manual State of Injury in any wey related to occupation of deceased? 29. FILEO JEC 2, 1932 Samuel S. Miller Country (Signed) State of Country in any wey related to occupation of deceased? 20. FILEO JEC 2, 1932 Samuel S. Miller (Signed) State of Country in any wey related to occupation of deceased? 20. FILEO JEC 2, 1932 Samuel S. Miller (Signed) State of Country in any wey related to occupation of deceased? 21. In this occupation of deceased? 22. Was disease or injury in any wey related to occupation of deceased? 23. If we the was due to external causes (VIOLENCE) fill In also the following: 24. Was disease or injury in any wey related to occupation of deceased? 25. If we have the country in any wey related to occupation of deceased? 26. Gigned) State of Country in any wey related to occupation of deceased? 27. In the country in any wey related to occupation of deceased? 28. Bublish of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occupation of deceased? 29. File of the country in any wey related to occu	8. Trade, profession, or perticular kind of work done, as SPINNER Rolling Tonger	Carela Order Da VIVA
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 19. UNDERTAKEN 19	Industry or business in which	Delevery / Monarge / - 182
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 19. UNDERTAKEN 19	work was done, as SILK MILL, SAW MILL, BANK, etc	
Other Contributory Causes of Importance: Other Contributory Causes Other Contributory Other	11. Total time (yeers)	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. UNDERTAKEN ATTEMPT Oate Tell 1. 1932 19. UNDERTAKEN ATTEMPT Oate Tell 1. 1932 20. FILEO TELL 2. 1932 Samuell & Meller (Address) (Signed) M. D. Signed) M. D. Signed M. D. Sig	year) Valvely 25 occupation Valvely 25	Other Contributery Course of Importance
13. NAME Clearles Burks 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Clearly Arthor (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL (Address) 18. BURIAL (RAddress) 19. UNDERTAKER Arthorization (Address) 20. FILEO 21. In death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an aulopsy? Koment of the country occurred in INDUSTRY, in Home, or in Public PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) Address) Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Name of operation What test confirmed diagnosis? Was there an aulopsy? Koment of the control of injury. Naccident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Nature of Injury (Signed) (Signed) (Address) Accident, suicide, or homicide? Specify whether injury occurr? Specify whether		
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKEN Harley face (Madress) 20. FILEO J. C. 2. 1932 Samuell & Maller Name of operation. What test confirmed diagnosis? Was there an aulopsy? Machine the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of Injury. 19. UNDERTAKEN Harley face (Madress) 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Address) (Address) 25. FILEO J. C. 2. 1932 Samuell & Maller (Address)		
What test confirmed diagnosis? Was there an aulopsy? Was the state of country and State of c	13. NAME Ctarles Burke	
What test confirmed diagnosis? Was there an aulopsy? Was the state of country and State of c	4. BIRTHPLACE (city or town)	Name of operation Date of
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR RENGYAL (Address) 19. UNOERTAKER Harteuslague Moreurakes (Address) 20. FILEO JES 2, 1932 Amuell & Miller (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Address) (Address) (Signed) (Signed) (Address) M. D. C. Gigned)	(State of country)	What test confirmed diagnosis? Was there an aulopsy?K.
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR RENGYAL (Address) 19. UNOERTAKER Harteuslague Moreurakes (Address) 20. FILEO JES 2, 1932 Amuell & Miller (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Address) (Address) (Signed) (Signed) (Address) M. D. C. Gigned)	15. MAIDEN NAME Clipabelly Cure Startley	23. If death was due to external causes (VIOLENCE) fill In also the following:
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR RENGYAL (Address) 19. UNOERTAKER Harteuslague Moreurakes (Address) 20. FILEO JES 2, 1932 Amuell & Miller (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Address) (Address) (Signed) (Signed) (Address) M. D. C. Gigned)	16. BIRTHPLACE (city or town)	
18. BIBIAL CREMATION, OR REMOVAL 19. UNDERTAKEN HAR Level L	17, INFORMANT Roharles & Barrhe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER Harlauslaus Moresuskes (Address) 20. FILEO JES 2 , 1932 Samuel & Miller (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		
19. UNOERTAKEN Harteuglages Morecuakes (Address) 24. Was disease or injury in any wey related to occupation of deceased? No 15 so, specify (Signed) (Signed) (Address) (Address) (Address) (Address)	Ul (Pater A Characa da de la	
20. FILEO JEG 2 1932 Samuel & Miller (Signed) Sheart Send M. D. (Address) & Blan Rock, P. M. D.		24. Was disease or injury in any wey related to occupation of deceased?
Def Registrar. (Address) flan Nock of	10 h & & & 000.10	St. XV.
	Def Registrat.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 4 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Maria de la companya della companya de la companya de la companya della companya	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SULEAU V	July 5,1927	Peritonitis	3 days ago
Other contributory eauses o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF DEATH County Baltimore	© 0195 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 4+
Village or City Fart Harrand No. North	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
² FULL NAME C/4	PIST . stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White beyond	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 12, 1932	192 . to
(Month) (Day) (Year) 7 AGE (If LESS than	and that death occurred on the date stated above, at 2:30 Fm.
still form I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	ffell form
8 OCCUPATION (a) Trade, profession or	Grewature (3 mouths)
particular kind of work	***************************************
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
(State or country) Fard . Howard Mid	Secondary (Duration)
FATHER Thomas Ephrana Christ	(Signed) Louis M. D.
of FATHER Balto. ned.	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Clorothy Johns.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Balto nd	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Thom. Ephram Christ.	Former or usual readence
(Address) For Howard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Private grounds Jaw 12, 1932
15 Filed aw/3 19232 G. All marion in	20 UNDERTAKER ADDRESS
If more hanks are needed address that a hegistra	r. 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day mill; (a) Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DI\$BASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul
fever (the only definite synonym is "Epidemia cerebroso inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH	6
County Baltimore County Md. Registration Dist. No. 41	
Village or City Dundalk No. St.,	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred lifers	
2. FULL NAME Joseph Cicchetti	
(a) Residence: No. 104 Williams Ave Dundalk St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5a. If married, widowed, or divorced (Month) (Oay) (Oay)	2 Year)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended decease 22. 1932 to 2014, 1	
6. DATE OF BIRTH (month, day, and year) December 5 1931 116 (saw h_im alive on fan 104 , 1932; deat	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 9 Pm.	
O 1 9 Of	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this propagation	2-32
O Date deceased last worked at this occupation (month and year) spent in this occupation cocupation	
12. BIRTHPLACE (city or town) Baltimore, Md Age (State or country) Other Cautributary Causes of importance:	~ * * • • • •
置 13. NAME Guido Cicchetti	
13. NAME Guido Cicchetti 14. BIRTHPLACE (city or town) Italy Name of operation Oate of What test confirmed diagnosis Channel Was there an autopsy	nno
15. MAIDEN NAME Margherita Primera 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Dat	
(Specify city or town, county and State) 17. INFORMANT - Mr. Guido - Cicohetti - Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 104 Williams Ave	
18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Jan 16,1,952 Nature of injury Nature of injury	
19. UNDERTAKER Jewise Ruth Jane 24. Was disease or injury in any way related to occupation of deceased? 21. If so, specify	0
Jo. FILEO 18732, 19 Manual (Signed) (Address) 2 Trivality Rd., Danieles If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.	Ch. h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4	1932 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU	V. S.		
Other contributory causes of importance	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 2, 1932	FEB 2 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

. /		001.00
	PLACE OF DEATH	STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
	County Lacturate	2-1
		Registration Dist, No.
Vi	llage or City Catorspulle (No. 717 Edi	wordson are St: Ward) a hospital or institu-
	nage of Ony	a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME Edward Connolly	stead of street and number.)
_	TOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
0	male white OR DIVORCED	Jamay 15-, 1932
	(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH 'Jullmonn .	17 I HEREBY CERTIFY, That I attended the deceased from
	1	Dec 4 - 1901. to James 15-, 182.
	(Month) (Day) (Year)	that I last saw h un alive on January 14 -, 1902,
7	AGE If LESS than	and that death occurred on the date stated above, at 3. F. m.
	7 7 1 day hrs.	The CAUSE OF DEATH * was as follows:
	yrs mos ds. or min.?	
	OCCUPATION	20 Pentation of Heart
1	(a) Trade, profession or Centrelle in the particular kind of work	
1	(b) General nature of industry	
C.	ousiness, or establishment in which employed or (employer)	(Durstion) Without mos de.
-		Contributory arterio Sclerosis
9 1	(State or country) Newfoundland - Camada.	Secondary
_	10 NAME OF	(Duration) yrs mos ds.
	FATHER Collinson	(Signed) Cluster M. D.
	11 BIRTHPLACE	1-15- 1932 (Address) 2532 Edwardson a
NTS	OF FATHER	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
[H	(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
D.	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER human	At place of death yrs. 1 mos. 12 de. la the State yre mos de.
9	(State or Country)	Where was disease contracted 17 & 25th Street
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or RA 1 + case Med
	(Informant) Aus James Burke.	usual residence.
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 317 E- 253 85.	Cathedial femelon formay 10, 19
15	1/12 2 11/1.	20 UNDERTAKER . VADDRESS
	Filed Registral	may m Medeled 50/ E SJ-
=	If more branks are needed, address tate Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	TI MINTO MINIMO MIN HOUSEN MONIOUS NEWED HIGHERING	,

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH," Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ä

MARGIN RESERVED FOR BINDING

	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		108
/ County Baltimore	*************************	Registration Dist. No. 3
Village or City Fullerton		No. Ferguson Ave. St., Ward f death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence In city or town where death		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jefferson		
(a) Residence: No. Ferguson	AVe. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Warried	January 27th (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ada Corbin	1	22. HEREBY CERTIFY, Thet I attended decesed from 26, 1932, to Jan 27, 1932
A DATE OF BIRTY (worth Assets Asset Assets Asset Assets As	04 3073	I last saw h a live on A 26 1932 death is said
6. DATE OF BIRTH (month, day, and year) Sep	0ays 1871	to have occurred on the date stated above, at 7 A m.
60 4	3 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular		Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Lover neumones forthe
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	armer	
O 10. Date deceased lest worked at	11. Total time (years)	0.11
this occupation (month end year)	spent in this occupation	Mr. Coolin was injured by horse keeking him in 1930.
12. BIRTHPLACE (city or town) Balto.	Cò.	Other Contributory Causes of Importance:
(State or country) Maryla		Ad hearing It many bring
置 13. NAME John Corbin		Indused convertision whisteral
13. NAME John Corbin 14. BIRTHPLACE (city or town) Balt.	o. Co.	Name of operation a horse kicking him date of
(State of country)		What test confirmed diagnosis
15. MAIDEN NAME Francis Bro	own	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Francis Bro	. Co.	Accident, suicide, or homicide?, 19
(State or country) Md.		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ada Corbin	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fullerton, 18. BURIAL, CREMATION, OR REMOVAL	Md.	Translit on G. A.
Place Hiss M. E. Cem. D	ete Jan. 3/ 19 32	Manner of Injury Nature of Injury
7,100	001	That is a second of the second
19. UNOERTAKER 7401 Belair I		24. Was disease or injury In any way releted to occupation of deceased?
	2 F + 100	If so, specify Selecting a Control (Signed)
20. FILEO 1/29 19.52	Registrar.	(Address) DOO STRANGKA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date_of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

N. B.

PLACE OF DEATH County Ballum 190	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Catousulle (No. Olol. F. 2FULL NAME Charles 74 Cook	Ned Pol St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Quality 28 , 19232 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I dast saw h wallvo on Jour 27 , 19232
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	abelle Bronch o Toren onece
business, or establishment in which employed or (employer). BIRTHPLACE	Contributory Olet Justalen of
(State or country) West	Medil (Duration) you most de.
FATHER Cacking	(Signed) World All 13 World M. D.
of FATHER (State or country) U U U U U U U U U U U U U	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER L	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs des. In the State yrs des. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mus Clara M. Coopran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) woodland wol	Souden Pank Jan 30, 1932
Filed / 2 9 193. Tellstudie	Harry H. Witz ha 4101 Edwards Bu
If more banks are needed, address tate Kigistran	, 16 W. Sarayoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs) .: For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemund, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At. school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (ayoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sareoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

STATE OF	MARYLAND—CERTIFICATE OF DEATH	662

County Sellimon Village or City Plannel No. Sel Curry Village or City Plannel Length of residence in city or toyon where degth occurged. 8 D yrs. 8	1. PLACE OF DEATH	93.0
Village Dr City Mills Will Length of residence in city or town where degth occuped. S. J. J. S. How long in D. S. if of foreign birth? 2. FULL NAME (a) Residence: No. 8. Old Curry More More Control of April 19 J. St. Ward. If nonmaident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. S. S. S. Ward. If nonmaident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. S. S. Ward. A. COLOR OR RACE S. SIRGLE, MARRED, WIDOWED, OR DIVORCED Currier the word (his Shaft) or Control of Control o	County Valleuron	Registration Dist. Np. 3
Length of residence in city or toyn where depth occurred. St	Village or City Police velle	8401 (121 48 18
2. FULL NAME (a) Residence: No. 8. Old Carlot St., Ward. (b) Residence: No. 8. Old Carlot St., Ward. (c) Residence: No. 8. Old Carlot St., Ward. (c) Residence: No. 8. Old Carlot St., Ward. (c)		
(a) Residence: No. 8	All y y (and)	as. now long in 0.5.11 of foreign birth? yrsmos as.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DATE OF DEATH ADJUGACED Corrict he word) 5. A If married, widowed, or divorced HUSBAND of (or) WHE of B. DATE OF BIRTH (month, day, and year) MALLE 1/8 S. T. AGE T. AG	and a land of the same	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 6. COLOR, OR RACE 7. S. SINGEL, MARRIED, WIDOWED 7. WILL STATISTICAL PARTICULARS 8. S. SINGEL, MARRIED, WIDOWED 8. If married, widowed, or divorced HUSBAND of (cy) Wilf of 8. DATE OF BIRTH (month, day, and yeer) MALL 11. AGE 8. OATE OF BIRTH (month, day, and yeer) MALL 11. AGE 8. Trede, profession, or particular Lining of work done, as SPHINER, Flehrey Fewers SINGER, OCCUPANT, DID NEFER, occ. 3. STREED, WIDOWED 1. J. SAY, h. 15. OF. J.		
3. SEX		
HUSBAND of (or) WIFE of Oranko Chapter Court of (or) WIFE	Wale white OR DIVORCED (write the word)	Journey 8 1932
To the period on the date stated above, et. 3. 1	HUSBAND of	
8. Frede, profession, or particular kind of work done, as SPINNER. Helbert Reward Review as follows: 8. Frede, profession, or particular kind of work done, as SPINNER. Helbert Reward Review as follows: 9. Industry or business in which List, St. Mill. Sh.	6. DATE OF BIRTH (month, day, and yeer) Alle 11- 183	Mast saw h 4 elive on fun 8, 1932; death is said
S. Trade, protession, or particular sind of social states of the state of country) B. Trade, protession, or particular sind of state of the state o		
Solution	80 8 ormin.	were as follows:
Solution	8. Trede, profession, or particular kind of work done, as SPINNER, Hetrey Penns RR SAWYER, BDDKKEFPER, etc	Murcaiditis 6-14-31
12. BIRTHPLACE (city or town) Date of (State or country)	3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, otc.	
12. BIRTHPLACE (city or town) 6 Cost Survey Surv	- Shant in this	
13. NAME 14. BIRTHPLACE (city or town) Ballumon Name of operation. Date of What test confirmed diagnosis? West there en autopsy? 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Date of injury Occur? Specify city or town, county and State) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Date 19. Place Date 19. Date 19. Place Date D		Dther Contributory Causes of importance:
What test confirmed diagnosis? Wes there en autopsy? 15. MAIDEN NAME Mary Me Suma 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT for Edgar Coss (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Lawred Date 19. UNDERTAKER (Address) 20. FILED 10 1, 1932 6 6 Muchas What test confirmed diagnosis? Wes there en autopsy? 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury 24. Wes disease or injury In eny way related to occupation of deceased? (Signed) M. D. M. D.		Stully
What test confirmed diagnosis? Wes there en autopsy? 15. MAIDEN NAME Mary Me Suma 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT for Edgar Coss (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Lawred Date 19. UNDERTAKER (Address) 20. FILED 10 1, 1932 6 6 Muchas What test confirmed diagnosis? Wes there en autopsy? 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury 24. Wes disease or injury In eny way related to occupation of deceased? (Signed) M. D. M. D.	E Balling	f
15. MAIDEN NAME Mary Me Human Mary Me Human 16. BIRTHPLACE (city er town) Sallunar Accident, suicide, or homicide? Date of injury 19. Undertaker Place Date	14. BIRTHPLACE (city or town)	01,0
17. INFORMANT fra Edgus Coss 17. INFORMANT fra Edgus fix, Arbitustus 18. BURIAL, CREMATION, OR REMOVAL Place for finity 19. UNDERTAKER fraux fr		
17. INFORMANT for Evel fun Coss 17. INFORMANT for Evel fun Coss (Address) // Popular for for for for for for for for for fo	Balling	
(Specify city or town, county and State) 17. INFORMANT fraction (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMDVAL Place fraction (Date 1-11-132 19. UNDERTAKER fraction (Address) 20. FILED 1-10-1932 & Columbia (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? (Signed) (Signed) M. D.	State or country)	
Place Leviller Part Date 1-11-132 Nature of injury 19. UNDERTAKER Practs / Preceded 19. UNDERTAKER (Address) 20. FILED 1-10-1932 & Columbols (Signed) & Wichols M. D.	17. INFORMANT Ira Edfur Coss (Address) 117 Poplar Der Arbitishe	(Specify city or town, county and State)
19. UNDERTAKER Frank? It Prencel (Address) 24. Wes disease or injury in eny way related to occupation of deceased? No (Signed) (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL Place Local Place Place Date 1-11- 132	
20, FILED		24. Wes disease or injury in eny way related to occupation of deceased? No
	, , , , , , , , , , , , , , , , , , , ,	011

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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I	Example I		Example II	
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	red 2 1932	July5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year
			_	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE (OF	MARYLAND—CERTIFICATE	OF	DEATH	
FATTI					

1.	6	2	()	2
V	V	~	U	~

1. PLACE OF DEATH	<u> </u>	Access
County Ballimore	Registration Dist. No.	0
Village or City Catonoviele, md.	No Shains Gara Hashital &	Ward
_ (If death occurred in a hospital or institution, give its NAME instead of street and na	imber)
Length of residence In city or town where death occurredyrsmo	os. 3 ds. How long In U.S. if of foreign birth? yrs. mos.	ds.
2. FULL NAME Ceter Crosby		
(a) Residence: No. 73/15 4/5 St. 13a 40,/	Md. St., Ward. If nonsesident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH January 27 (Month)	193 2 (Year)
5a. If married, widowed, or divorced - HUSBAND of (or) WIFE of Mrs Elizabeth Crosby	22. I HEREBY CERTIFY, That I ettended de Oct 24, 1931, to Van, 27	eceased from
6. DATE OF BIRTH (month, day, and year) Aug. 9. 1866	Hest saw him elive on Jan. 27 ,1932;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 125 A.m.	
66 5 /8 or hrs.	mote as full one of the state and related causes of importance	
8. Trade, profession, or particular	Uremia	Date of onset
kind of work done, as SPINNER. Gas Station Attends SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL.	Bronchial Preumonia	1/25/3
kind of work done, as SPINNER. Gas Station Attended SAWYER, BOOKKEPER, etc. Gas Station Attended Sawyer, Bookkeeper, etc. Gas Station Attended Sawyer, as the source of the saw	Chronic interstitual neparitis: 12 years.	
12. BIRTHPLACE (city or town) Baltimore, Md.	Other Contributory Causes of importance:	
(State or country)	Hrterioselerosis	UnK.
13. NAME MILES Crosby		
13. NAME Miles Crosby 14. BIRTHPLACE (city or town) Ireland (State or country)	Name of operation No. 70 P. Date of	tonsy? No
15. MAIDEN NAME Hannah O'Leary	23. If death was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME Hannah O'Leary 16. BIRTHPLACE (city or town) — I e land (Stete or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Miss Carolyn Crosby (Address) Reading Pennia.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL PIECE SULPS SULES PARE JAM 2 9, 1932	Manner of Injury	
19. UNDERTAKER MALLO MOULE (Address) 3634 Echnondon (W)	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED 1/27 , 1932 Holesdree Registrar.	(Signed) formers P. Garan (Address) Colonsuelle, Md.	М. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis 1915			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephritis	FEB 4 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	160 1 1005	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.	k i			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE

V. S. No. 1

d. A(, so th ruction	upplied terms e instr	ully s plain t. Se	4 5 5	care l'H in	d be care DEATH in		ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	F DEATH in plain terms, so that it may be properly classified. Exact statement	ery important. See instructions on back of certificate.
E shirt	d. AGE shows that it it is nections on b	upplied. AGE she terms, so that it is instructions on I	ully supplied. AGE shipling that it is See instructions on It.	carefully supplied. AGE shi (H in plain terms, so that it ortant. See instructions on b	FURTHER, WITH CINTADING TAN—I HIS IS A FEMALATION ACCULATION OF PHYSICIAN FOR DEATH in plain terms, so that it may be properly classified. Exact statement ery important. See instructions on back of certificate.	I uI	q plno	may b	back o
	d. A(so th uction	upplied. At terms, so the instruction	ully supplied. At plain terms, so the C. See instruction	carefully supplied. At I'm terms, so the ortant. See instruction	ALINLY, WITH UNKADING d be carefully supplied. A(DEATH in plain terms, so the important. See instruction	WILL K	JE she	lat it 1	is on l

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	73-20
County Baltimore	Registration Dist. No. 740
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William S. Crossmore	
(a) Residence: No. Upper Falls (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	January 20th, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie B. Crossmore	22. SI HEREBY CERTIFY, That I attended deceased from 1937, to 20 1930
6. DATE OF BIRTH (month, day, and year) July 13, 1873	I last saw W. As alive on Man, 19 PY; death Is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at 11250 Am. M.
58 6 7 1 day,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Landscape SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and this propagation (month and this pr	Mycardiae Oh-
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.	Other Contributory Causes of importance:
13. NAME Alfred Crossmore 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Martha A. Hawkins 16. BIRTHPLACE (city or town) (State or country) Maryland	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Minnie B. Crossmore (Address) Upper Falls, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Salem M. E. C. em. Date Jan. 23, 1932	Manner of Injury
19. UNDERTAKER Fraguile Lassahn Son (Address) 7401 Belair Road	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Land 21. 19 J 2 V. F. H. Garacolo Registrar.	(Signed) M. D. (Address) Norsvelle U.
If more blanks are needed address State Period	and N. Chala Carrie P. Line P. 1971 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	FEB 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	Jady 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ECORD EXACTLY, PHYSI- dy classified. Exact	Village or City Dong green No. 2FULL NAME Martha a	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 5 St.: Ward) (If d-ath occurred In a hospital or institution, give its NAME Instend of street and number.)
I R Rated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMA NOING	Emale Ant (Write the word)	(Month) (Day) (Year)
A PERM	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on the lattended the deceased from
IS IS ed. A see t	7 AGE 16 LESS than I day	and that death occurred on the date stated above, at
K-T Supplied the Supplied to the San I	8 OCCUPATION (a) Trade, profession or	
IN RESEDING IN carefully TH in plain	business, or establishment in which employed or (employer)	Contributory Cadia Wellesaha
MARGI H UNFA hould be CF CEA	10 NAME OF SUS, anderson	(Signed) Amell Toppy D.
ation short	OF FATHER	*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
NLY ormat	a Correction	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
LAI f Inf	OF MOTHER (State or Country)	At place of death
RITE F	Mrs. Kata Kali	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CIANS	(Address long green md,	Dubling, M. Cem Jan 25, 1932
B I I	Filed Van 23 1932 XIII Jon Melli Registral	A. S. Bailey & arlington
· (T)	If more b.anks are needed, addre.s tate Registrat	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic scrvice for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease approved by Committee on Nomenclature "E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid aceident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
22710710000070010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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		Y.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage SURF 20 V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 1 HEREBY CERTIFY, That Vattended the deceased (Month) (Day) That I last saw h Malive on (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at Zes I day hrs. or min.? B OCCUPATION (a) Trade, profession or will dellos particular kind of work plai (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer) Secondary (State or country 10 NAME OF (Signed)192___ (Address) / ()# 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM R 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHE cu2/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State of death _____yrs.____ds. (State or Country) O Where was disease contracted, if not at place of death?..... KNOWLEDGE Former or usual residence. PEACE OF BURIAL OR REMOVAL CIA 15 Filed Registrar If more blanks are needed, address Late Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." atic), "Atrophy, Company, "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,
"Shock," "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage Chronic and consequences (e.g., sepsis, affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 60209
1. PLACE OF DEATH	
County Callo	Registration Dist. No.
Village or City Jeyav	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	
2. FULL NAME James a. Dow	ne (SA)
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (which we word)	2 pm , 21 /on 1 193 2
Husband of An Old Control of the Annual Cont	(Month) (Day) (Year)
(at) WIFE of Mable . G. Nower	22. HEREBY CERTIFY That I attended from a seed from
1.0 2. 1621	I last saw h w alive on John John 1992, death is said
AGE Years Months Days If LESS that	22. ~(101)
10 10 1 day,	The PRINCIPAL CAUSE OF DEATH, and ratated causes of Importance
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows: Pour to Provide Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Ecquiver SAWYER, BOOKKEEPER, etc.	7937
9 Industry or business in which	
work was done, as StLK MILL Jeww. RR.	
10. Date deceased last worked at this occupation (month end year) - 1930 11. Total time (years) spent in this occupation - 4930	0
Batt- Ba	Other Contributory Canges of Importance:
2. BIRTHPLACE (city or town) Parallellellellellellellellellellellellelle	Dillalion of 11004
0.6	0
Baltineella	Name of operation Date of
13. NAME House & Down. 14. BIRTHPLACE (city or town) Baltimore Ceo (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susau Sleaver	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Surau Sleaver 16. BIRTHPLACE (city or town) Ballussoro Co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT Mable . 9 Downs (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Maser Freedow Japane Jaw 44, 193	Nature of injury
	7/10
9. UNDERTAKEN Farteustaus Mouseucker	24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FEB 9 1980	July 5,1927	Perilonilis	3 days-ago
	BUREAU V S	.[
Other contributory ea	auses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County BOLL C	Registration Dist, No.
Village or City Relationary	No. St., Ward
// (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME UMO - M. Pur	all
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	lan 84 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Pool	22. 1 HEREBY CERTIFY, That I attended deceased from
Tawara Marian	193/ to Jay 000 , 1932
6. DATE OF BIRTH (month, day, and year) Felle 17 186 3	I last saw here alive on 1952; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
/ O ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Chance Basselland relate band
9 Industry or business in which	Carolic sorracypus gregories fre 18 4
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
- I shell ill this	
year) occupation occupation	Other Coutributory Causes of importances
12. BIRTHPLACE (city or town) May any Could	- COOW
(State or country)	
13. NAME Maliam Margu	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME MODALI HALMIN	What test confirmed diagnosis?
- Mariella	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Data of injury, 19
In add in a decide	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND A LOCAL AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Whyry Clemes water Fam /1, 1932	Nature of injury
19. UNDERTAKER HILL SCHOOL & BON	24. Was disease or injury In any way related to occupation of deceased?
(Address) Revalentaria M. a.	If so, specify A
20. FILED Jun 10 1932 Jour Grade	(Signed) 11 Paup Milley 201) M. D.
Registrar	(Address) KOed-to-stain les

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of papertaine:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PERSONAL AND STATISTICAL PARTICULARS Page Page	
County Village or City. Cal Toronto Mark Inc. Length of residence In phyfor town where death ordered. Length of residence In phyfor town where death ordered. Cal Residence: No. Cal	7
Village or City Villag	1. No.
Length of residence in extent town where death ordered town where death	St., Ware
(a) Residence: No. (Usual place of abode) St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE OBJVORCED (write He word) Sa. 11 married, widdowed, or siverced HUSBAND of (or) WIFF of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day, hrs. or min. 8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK With SAW MILL, BANK, etc. 10. Date deceased last work well at this occupation (month and year) 12. BIRTHACE (city or Jewn) 12. BIRTHACE (city or Jewn) 13. SEX COLOR OR RACE OBJVORCED (write He word) 14. The PRINCIPAL CAUSE OF DEATH and related causes of work as done, as SILK With SAW MILL, BANK, etc. 10. Date deceased last work well at this occupation (month and year) 12. BIRTHACE (city or Jewn) 13. SEX COLOR OR RACE OBJVORCED (write He word) 14. The PRINCIPAL CAUSE OF DEATH and related causes of mortance: 15. ANY OR DEATH and related causes of mortance: 16. DATE OF BIRTH (month, day, and year) 17. AGE Years Months 18. Trade, prolession, or particular kind of work done, as SILK With SAW MILL, BANK, etc. 19. June 19. J	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDGWED, OR BUTCH WOORD (Month) 21. DATE OF DEATH (Month) 22. I HER BERY CERTIFY. AGE Year Months 1 last saw h	
3. SEK COLOR OR RACE S. SINGLE, MARRIED, WIDGWED, OR DIVORCED (winter box word) Sa. II married, widdwed, or Sworced HUSBAND of (or) WIFF of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day, hrs. or min. 8. Trade, prolession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. SINGLE, MARRIED, WIDGWED, WORD WORD (Month) 22. I HER BESY CERTIFY. 1934, to 1934, t	city or town and State
3. SEX COLOR OF RACE OF DEATH OF DIVORCED (write be word) 5a. 11 married, widowed, or divorced HUSBAND of (or) WIFF of (o	F DEATH
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7. AGE Years Months Days II LESS than I day, hrs. or min. 8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK Myl. SAW Myl	19.32; death is sai
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Subject to Subject t	∆ m.
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Subject to Subject t	,
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12. BIRTHPLACE (city or jown)	
12. BIRTHPLACE (city or jown)	
State or country) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) 15. State or cognity) 16. State or cognity) 17. Whet test confirmed the	3 410
H 14. BIRTHPLACE (city or town) Name of operation. Name of operation.	lis 3 year
(State or cognity)	Date ol.
what test confirmed diagnosis/	- Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill In	also the following:
What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in Accident, sulcide, or homicide? Date	of injury, 19
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TI. INFORMANT! JUNE 11. IN	or in PUBLIC PLACE.
A D (Address) (Address) 18. BURIA) CREMATION OR REMOVALED Manner ol injury	
E 50 7 Nature of injury	
Manner of injury Nature of injury 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER	of deceased? Re
EOF 19. UNDERTAKER S78 MOULES II so, specify 11 so, specify	
(Signed) Chat was	gell M.
20. FILED 7000 190 ATT STATE Registrar. (Ardress) Culonson	ce no

MARGIN RESERVED FOR BINDING

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Chronic interstitial naphritis 5.3	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

RESERVED

If more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _.

Data of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1377
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

5	item of infor-	should state	of OCCUPA-		
	CORD. Every	PHYSICIANS	act statement		
MARGIN RESERVED FOR BINDING	RMANENT RE	XACTLY.	classified. Ex		
D FOR B	IS IS A PE	e stated E	e properly	f certificate.	
KENERAEL E	IG INK-TH	GE should b	that it may b	ons on back o	
MARGIN	H UNFADIN	y supplied. 1	ain terms, se	See instruction	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. 2: ING. 1	BWRITE	mation she	CAUSEO	TION is v	
	Z				

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8 21
County Vallemore	Registration Dist. No.
Village or City Olla (If	No
Length of residence in city or lowq where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Della (Vauliplace of phode)	Selgan Y Margaret Violes Sey les St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11. 72 1851	I last saw h last said on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated ebove, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BDDKKEEPER, etc.	Still - tom
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	houseuse Gusenland
O 10. Date deceased last worked at this occupation (month and year)	
S a Q Q	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	Meenta poerry
13. NAME 13. NAME 14. BIRTHPYAGE (city of town) Who will be larged	
14. BIRTHPKACE (city of town) (State or country)	Neme of operation
	What test confirmed diagnosis? Wes there en autopsy?
Ε 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	23. If death was due to external causes (VIDLENCE) filt in elso the following:
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010 Sp/1 6 / 8 0. /	Where did injury occur? (Specify city or town, county and State)
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18. BURIAL, CREWNATION OR REMOVAL	Manner of injury
Place Plus Clubate au 25,1932	Nature of injury
19. UNDERTAKER (Address) Ellering puls	24. Was disease or injury in any way related to occupation of deceased?
2D. FILED 1/25 , 19 57 A COULD Registrar.	(Signed) / Lanau M. D. (Address) / Lleet y / M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di terapapana	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Constant homography	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORRAU V.S.	district of the second of the		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, For many occupations a single word or term on (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanies) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritomaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping as fracture of skull, and consequences (e.g., sepsis, accident, Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

PLACE OF DEATH County, Balkemore	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Notell Cliff (No	St.: Ward) (If dath occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORGED (Write the word) Single	16 DATE OF DEATH 1 1932 (Month) (Day) (Year)
Sept. 15 , 1836 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to face 1, 1932. that I last saw here alive on New 30-1931., 1931.,
7 AGE 95 yrs. 3 mos. /6 ds. or min.?	and that death occurred on the date stated above, at 6.40 P.m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) A earborn Co. Sudiana	(Duration) yrs incs 2 who
10 NAME OF FATHER Pailifs 7: HErer 11 BIRTHPLACE OF FATHER	(Signed)
(State or country) Termany 12 MAIDEN NAME OF MOTHER Ofilia Ball	Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Biospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Lermany	At place of death yrs mos. ds. In the State yrs mos. ds. Where was disesse contracted,
(Informant) S1. Mary Class (Address) Loth Cliff Med.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Abel Jaw 4, 1932
Filed Jan 3 1932 A. F. H. Gorden Registral If more banks are needed, address tate registral	Frank D. Kink 9/8/ Gay It. 1. 15 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEACH. gaged in domestic service for wages, as Servan, Code, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the pit-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebroed term for the same dise se. Examples: Cerebroterer (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> be telenus) may be stated under the head of "contributory." It this certificate is looked over thoroughly and a'l qu stions can be desired in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart IMME, "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping Examples: Accidental drowning; Struck by railway trainthis certificate is looked over thoroughly and all questions vered in detail, it will prevent further correspondence. All the "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
	County Balton or	Registration Dist. No.
item of should of OCC	Village or City Catoronill	No. Spring Grone Hospitalst, Ward
20 -	(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hornits or institution, give its NAME instead of street and number) 14 ds. How long in U.S. if of foreign birth?yrs
Every CIANS enent	2. FULL NAME Propert molining 7	
-/	(a) Residence: No. 202 First St. East fort. m	d. st. Ward East hart md.
	(a) Residence: ND. E.O. & TUAL St. (Usual place of speede)	If anneydent give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E . E	3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
ed.	Male White Single	(Month) (Day) (Year)
NDING RMANEN X A C T I classified.	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ND NA NA Slass		Jan 15 , 1932, to Jun 28 , 1932
	6. DATE OF BIRTH (month, day, and year) Alph 2 6 1910	I last saw h alive on 28 , 1932; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Menths Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at . 9.4° P.m., Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
IS IS state of property	21- 4 & ormin.	were as follows: Daty of onset
of of	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	5 Tolus Epslefsheus 1/27/3
K—TH lould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
	SAW MILL, BANK, etc.	
EST INI E SI at it	O 10. Date deceased last worked at this occupation (month and year)	
NEGIN KES NFADING I plied. AGE erms, so that instructions of	0 11 1 20 0	Dther Contributory Causes of Importance:
ADIO d. , so	12. BIRTHPLACE (city or town) Cast Joseph Many and (State or country)	Bull or Infantile Poralusis 1911
KG NF.	13. NAME Charles D. Ford	Journal January 1771
e tud	14. BIRTHPLACE (city or town). 20 asyland	Name of operation Date of
Illy splain	(State of Country)	What test confirmed diagnosis? Clinical Signa. Was there an autopsy? 1 2
efully in planant.	15. MAIDEN NAME mary I loyel	23. If death was due to external causes (VIOLENCE) fill In also the following:
	5 16. BIRTHPLACE (city or town) Wary and	Accident, suicide, or homicide? Date of Injury, 19
INE be SAT	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY hould be ca DF DEATH very impor	17. INFORMANT Charles W. + ord	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E 0 P	(Address) 202 First St. Eastfort, md. 18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
	Place Churcholo Mt Date Juny 29, 1932	Nature of Injury
mation CAUSE TION is	19. UNDERTAKER Inform 211. Vailor	24. Was diseasa or Injury In any way related to occupation of deceased?
FOF	(Address) Church of 21d.	If so, specify
(T)	20. FILED 12 Allandren	(Signed) Janes J Garey M. D
7.	Registrar.	(Address) Calumouele () md.
	If more blanks are weeken there's State Registrar.	2411 N. Charlet Street, Baltimore, Requesting 7), S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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	Example T		Example II	
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFR 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

where a diagnosis of soding but organic epilipay was

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I		Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 4 18.2	July 5,1927	Peritonitis	3 days ago
Other contributory c	BURBAU V. S. auses of importance:		Other contributory causes of importance:	
Gallstones	auses of importance.	May 1,1923		1 year
Canalones		In uy 1,1320	Then outlet the	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor-

should

OCCUPA

V. S. No.

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Example I	Example II
The principal cause of death and related causes Date of one of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 1915	Attack of cpilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage July 5,18	27 Peritonitis 3 days ago
7 9 3	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones Thuy 1,18	23 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanon in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective ci cupation is very important, so that the relative healthwhatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. "E haustion," "Heart failure," "Iacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy. Company.", "Senile," etc.), "Drcpsy, "Debility" ("Congenital," "Senile," "Hacmorrhage," "F. haustion," "Heart failure," "Hacmorrhage," "Chade tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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state UPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH (10221
73	1. PLACE OF DEATH	59
should f OCC	County Balto,	Registration Dist. No. 2
she of	/ Village or City honklon	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
20	Length of residence in city or lown where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME I harry	Inese
KD.	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
KECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	2. SEX 2. SEX 4. COLOR OR RACE . S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surice the word) Midowed	21. DATE OF DEATH (Month) (Day) (Year)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Creery	22. OLD HEREBY CERTIFY, That I attended deceased from 15 19 17 to Jan 24 1932
C. C. X.	6. DATE OF BIRTH (month, day, and year) Jan, 2601856	I last saw h alive on
ed ed erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 Prm.
IS A PE stated E properly certificate	76 11 29 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER Port Botany SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, Ball Cut College To Date deceased last worked at this occupation (month and to the securation (month and to the se	Wabetes melitus 5/30,3
VK—T) should it may n back	Industry or business in which work was done, es SILK MILL, Back Calf College	/
Sh st	10 Date deceased last worked at	
	this occupation (month and 1926 spent in this 50 occupation 50	Other Contributory Causes of importance:
NFADING pplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) 30lto	Dirigi Continuoty Causes of Importance,
'AL ied. ns, s	(State or country) That.	
	13. NAME Philips Coltis 14. BIRTHPLACE (city or town) Boults (State or country)	
st st	14. BIRTHPLACE (city or town) 2000 (State or country)	Name of operation
Life .		What test confirmed diagnosis?
	E Gala	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
P CS	O 16. BIRTHPLACE (city or town) Caco (State or country) Trid	Where did injury occur?
ABOV	17. INFORMANT Mildred B. Bulley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place South Lorrain Gray on 27, 1932	Manner of injury Nature of injury
-WRITE mation s CAUSE TION is	19. UNOERTAKER from Cook. Bab md. (Address)	24. Was disease or injury In any way related to occupation of deceased?
N. B	20. FILED Jan 24, 1932 Bilon Borton.	(Signed) Inhus Borhus M.D. (Address) While Hall had.
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
P	1915	Attock of epilepsy	1 week ago
Cerchral hemorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUMPAU V 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

V. S. No. 1 8 of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66222
1. PLACE OF DEATH	(64)
county Dallemon	Registration Dist. No. 49
Village or City / Pas/seburg ///as	death occurred in a hospital Sinstitution, give its NAME instead of street and number)
	ds. How long if U.S. if of foreign birth?yrsmosds.
2. FULL NAME VILLIAM 74. Ja	ermass
(a) Residence: No. 6/5 Plac dow Ro	St., Ward V If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Marie a " C" Garman	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) May 28-1899	I last and harman allva on
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated abova, atm.
020 ormin.	The RRINCIPAL CAUSE OF DEATH and releted causes of Importance Page 28 as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Enameler SAWYER, BOOKKEEPER, etc.	*
Kind of work done, as SPINNER, Concarding the SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which work was done, as SILK MILL Stand. May Concarding the SAW MILL, BANK, atc 10. Data dacaasad last worked at this occupation (month and the second in this concarding the second in this second in the sec	Succede - Jos
10. Data dacaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) / Baltemone (State or country) / Haustand	Other Contributory Causes of importance:
E ROOT	Name of operation
(Stete or country) The ary 2 and	What test confirmed diegnosis?
15. MAIDEN NAME of Snorie tha Ill Tadel	23. If daath was due to external causas (VIOLENCE) fill In elso tha following:
15. MAIDEN NAME Snorie tha III Tooch	Accident, suicide, or homicide? Suicide Date of injury 1, 19 3
(State or country) Mary Ease	Where did injury occur? 6/5 meadowld & Dawlly (Specify city or town, county and State)
17. INFORMANT//Conda C. James Rd.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Conference Date 1/21, 1932	Manner of Injury
19. UNDERTAKER Leille am Cork	24. Was disease or injury In eny way related to occupation of dacaased?
(Address) /2/7 St Feel Street	(Signed) Flut Benson M. D.
20. FILED. 11932 Registrar.	(Addrass) Ouclea hud
70	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil cugineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	To the same of the	Example II	THE PERSON
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritical CEIVEL	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precious are laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, en at home, who are engaged in the duties of the Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enfor many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n.ture of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease, Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	-CERTIFICATE OF DEATH	1520
1. PLACE OF DEATH		7
County Bellimine	Registration Dist. No.	0
Village or City Catonsville Md	No. St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurredyrsmo	osds. How long In U.S. if of foreign birth?yrsr	mosds
2. FULL NAME Estelle May Dord		
(a) Residence: No. Ornge Store (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Ulite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH You 31 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended	d deceased from
(or) WIFE of Russell Gorde		19.32
6. DATE OF BIRTH (month, day, and year) Lec. 14, 1899	1 1	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.10 Pm.	
32 1 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Household SAWYER, BOOKKEEPER, etc.	Eugephalitie	14 da
9. Industry or business in which	- Consequence	
SAW MILL, BANK, etc.		
IIO. Date deceased last worked at this occupation (month and year) occupation (month and year)		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) \ Nary land (State or country)	FO	01
I I 3. NAME	NAME.	100
13. NAME Senge Sevens 14. BIRTHPLACE (city or lown) Mary Land	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an	autonsv?
15. MAIDEN NAME Sugar Peoples	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Sugar Peoples 16. BIRTHPLACE (city or town). North Complex (State or country)	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did Injury occur?	
17. INFORMANT all Saints Sisters	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Houstle M.E. Cem. Date tet. 3 , 1932	Nature of injury	~
19. UNDERTAKER South Sons (Address) Elli Orch Md	24. Was disease er injury in any way related to occupation of deceased?	no-
MI SKIM	(Signed) marshall A wish	M I
20. FILED 19. 19. Registrar.	(Address) Potomuelle un	
If more blanks are negara, address State Registrar	2. 2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis MAR 4 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V.S.	July5,1927	Peritonitis	3 days ago
	Salar and the sa			
	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the decessed from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 6 I day /7 hrs. & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duretion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 192 (Address) ... OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dee.h?..... Former or usuel residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborershould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Civil engineer, Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. Salesman, (b) Coal mine, etc. Wom-Locomotive engineer, But in many Grocery; ECEMED

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tdanus) may be stated under the head of "contributory." (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-"PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, (secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) -probably suicide. The nature of the injury, ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart affection need Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County (Que	CERTIFICATE OF DEATH
Village or City Stewarts Our	Registration Dist. No. 44 St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Olvers nu	Heauv tion, give its NAME is steed; of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1931. to
7 AGE 5 1 2 yrs. 9 mos. 1 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Occupal Hellioniba
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, rnos ds.
9 BIRTHPLACE (State or country) Authorities	Contributory Secondary (Duration) vis mos de
10 NAME OF Shows Brawn	(Signed) Walland M.D.
OF FATHER (State or country) Company 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CLUB COCC. 13 BIRTHPLACE	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) (Modulus 65)	of deathyrsds, Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dee.h?
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL for. 27, 1932
Filed Jan 27 1922 Johns. Connelly	mis. Robert 6. Ellet 1725 allad Co
If more branks are needed, address State Registrar,	16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more proven coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect be Locomotive engineer, Civil engineer, Stationary, Jugnyus etc. Phys in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or termion For persons who have no occupation The ques-""Deal-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

=10 ds. - Never report mere symptoms or terminal condistited unless important. Example: Measles (disease 'bausing death), 29 ds.; Bronchopneumonia (secondary). (Recommendations on statement of cause of death (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of, "Tumor" for malignant neoplasms); Measles; American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite , a you inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory palvular heart affection need not be Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0 >		1 PLAC	E OF DEATH			00221	STATE OF MAR	YLAND
state		ounty Ba	I timore	e .		92-0	CERTIFICATE O	F DEATH
should si NOI		ounty	0	to manad	6	1	Registration Dis	t. No. 35
ATAT	/	Village or Git	, white	e Oten	el.	mol.	St.;Ward)	[It death occurred in a hospital or institution
RECORD PHYSICIANS		² FULI	NAME Se	orge	Wasi	lungton	- Seay	give its NAME instead of street and number.]
/	=	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	1	MEDICAL CERTIFICATE OF	DEATH
MANENT EXACTLY statemen	3 5	SEX	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDDWED,	•	16 DATE OF DEA		13,1934
	1	nale	colored	ORDIVORCED (Write the work	surding	7 1	(Month) HEREBY CERTIFY, That I	(Day) (Year)
PERM ated E Exact	6	DATE OF BIRT	H Cour	4. 11	1870	Sam 1	1932 to Jan	- 13 , 193 }
44			Month)	(Day)	(Year)	that I last saw h	allye on allye	- 12 1931
S IS A ould be sclassified.	7,	AGE			if LESS than 1 day,hrs.		ccurred on the date stated a DEATH* was as follows:	bove, at / U m
- C		4,000	4) yrs. 8	mos. 25 ds.	ORmin.?	THE GAUSE OF	DEATH * Was as follows:	1 -
00	YO (a) Trade, profession,				Valor	ulay break a	Treese
ed.	Kol	articular kind of wo b) General nature of usiness, or establis	findustry, shment in	Colon			(Duration)	yrs. mos. ds.
UNFADING arefully suppli that it may it	9	hich employed (or e SIRTHPLACE State or country		7 Janus		Gontributory.		4444···
UNFA			racio C	o. Ind.		(Secondary)	(Duration)	yrsds.
0 -		10 NAME OF	John 1	Snay		(Signed)	ner Broken	, M. D.
E o s	S	D111111111	Add B	703	/	Jan 14.	193 / (Address) Hhu	5 Hale
- 10 to	AREN			Co. Mo		CAUSES, state	ISEASE CAUSING DEATH, or, it (1) MEANS OF INJURY; and or Homicidal.	deaths from VIOLENT (2) whether ACCIDEN-
AINLY ation sh n plain ctions o	PA	OF MOT	unelie	e lincle	0	18 LENGTH OF F	RESIDENCE (FOR HOSPITALS. I	STITUTIONS, TRANSIENTS
LA In In		OF MOTH (State or co	ER A	time C	dy	of death yrs.	mos ds. State	yrs, mos ds.
SITE P of Infort DEATH See Instr	14	THE ABOVE IS	TRUE TO THE BES	T OF MY KNOWL	LEDGE		contracted, ath?	
> E L		(intormant)	Mo ama	- Vtal	e	Former or usual residence	**************************************	0 20 20 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
= 111 8		(Address)	hur	Molon	, me	19 PLACE OF PL	URIAL OR REMOVAL	DATE OF BURIAL
Every CAUSI	15	0.	ot 1027 h.	Bort	10 20	20 UNDERTAKE	R	ADDRESS
6 6		iled Gun 14	FF 19 U		REGISTRAR	P. mar	believeton 1	Vanto Hall has
2			If more blanks are	needed, address	State Registra	r, 6 E. Franklin S	t., Balto., Requesting V. S. N	0. 1.

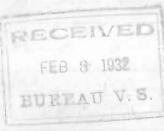
[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic is icss definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Wcakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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	item	sho) jo	
	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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5	ENT	LLY	ed.	
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V. W. No. 1	W	mati	CAL	TIL
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V. S. No. 1

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	0228	
1. PLACE	OF DEATH					
County	Baltimore			Registration Dist. No.	0	
Village or	City Catonsvil	le		No Honewood Nuraning Home St.,	Ward	
Length of r	esidence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and death dea		
2. FULL N	AME Charle	s H. Gr	een			
(a) Resid	ence: No. Pikesv			St., Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS				If nonresident give city or town and	d State	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	., 193 7	
Sa. If married, wid HUSBAND of (or) WIFE of	lowed, or divorced Thoma K. (nee	Cummins)	22. HEREBY CERTIFY, That I attended deceased from the second of the se		
E DATE OF DIDT	H (month, day, and year)	7 24 7	853	I last saw h. Line alive on Schemeng 21-, 1933		
	Years Months	Days 29	If LESS than 1 day,	to have occurred on the date stated above, at 5		
R Trade no	Mession or particular	1	ormin.	Desnyrens of bart o lips	Date of onset	
9. Industry of work SAW M	ofession, or particular if work done, as SPINNER. ER, BDDKKEEPER, etc. or business in which was done, as SILK MILL, MILL, BMILL, based last worked at coupation (month and	11. Total ti	ime (years) nt in this upation		12012-	
	(city or town)			Dther Contributory Causes of importance:		
1	George M. Gr	een			- 4	
14. BIRTHPLA	ACE (city or town)	••••		Name of operation Date of What test confirmed diagnosis? Unuly Was there an		
IS. MAIDEN	NAME Unlmown			23. If death was due to external causes (VIOLENCE) fill in also the followin		
	ACE (city or town)			Accident, suicide, or homicide?		
17. INFORMANT 2. Edwin Green (Address) 104 Church Lone Pilesville 18. BURIAL, CREMATION, OR REMOVAL Place Costorn Dale / 1/22, 19				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
				Manner of Injury	***********	
19. UNDERTAKER (Address)	Harry N.	witzke son hve	•	24. Was disease or injury in any way related to occupation of deceased?	m	
20. FILED	24 . 19 32	blanker Golf	Registrar.	(Signed) Chester Palamondan are, (Address) 2-53 2 Pulmondan are,	M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago
The second second	32 2		
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1, 1925	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) 'Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive etc., For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal, meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

and qualify as ACCIDENTAL, SUICEAR or HOMICIDAL, or as probably such if impossible to detarmine definitely. Examples: Accidental Journal, Struck by railway train—accident; Revolver round to Tead—Immedie; Poisoned by stated unless important. Example: Measles (disease approved by Committee on (Recommendations on Statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skub, and consenierces (e. g., sepsis carbolic acid-probable suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS STATE HEAVIS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart Nomenclature of the need not be discase; etc., of

If this certificate is looked were tholoughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N.B

	PLACE OF DEATH
,	County Baltimore
Vil	age or City Cossex (No. Lor
	2FULL NAME Bulthagas
	PERSONAL AND STATISTICAL PARTICULARS
3 5	role that Single, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 [ATE OF BIRTH
	(Month) (Day) (Year)
7 A	111.500 1
) (I) b	CCUPATION Trade, profession or com. Sluggest articular kind of work Of General nature of industry isiness, or establishment in hich employed or (employer) RETHPLACE (State or country) Ballo 1 222 d.
	10 NAME OF FATHER Unknown
RENTS	11 BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME OF MOTHER 2 MARION
	13 BIRTHPLACE OF MOTHER (State or Country) Sermany
14	(Informant) Colinabeth Surso (Address) Donothy are - Easy

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66230

STATE OF MARYLAND

St.

			_						
E	R	TI	FI	CAT	E	OF	DE	EAT	H

Registration D	ist. No. 44
:Ward)	(If death occurred In a hospital or institu- tion, give its NAME is stead of street and

number.)

44

MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH Jan 30 , 1952
I HEREBY GERTIFY, That I attended the decessed from
hat I last saw him alive on Jan. 30 , 1952
nd that death occurred on the date stated above, atm, he CAUSE OF DEATH * was as follows:
Chrowi Regoradito
(Duration) 2 yrs. mos de.
ContributorySecondary
(Duration) yrs. mos. ds. Signed) M. D.
Signed M. D. Holder M. D. Bosey, My.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the State yrs mos ds.
Where was disease contracted, f not at place of dea.h?
Former or seal dence
9 PLACE OF BURIAL OR REMOVAL Lehvartz Gara. Zeb. 2, 1932
O UNDERTAKER ADDRESS

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed " etc., without more precise specification as Day Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-idefinite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (ayoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Ballo.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village of City Paspetury (No. 33 St. new a 2FULL NAME Albert. 3. Hall	Registration Dist. No. 4.3 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30. 9 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH Day Slatus (Month) (Day) (Year)	that I iast saw him aive on Dec. 76 1931.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at f. The CAUSE OF DEATH * was as follows: Attricosclesses Change Myocardeta
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 2 mos. de. Contributory Secondary
(State or country) Jalli. MA 10 NAME OF FATHER Alliano J. Hall 11 BIRTHPLACE OF FATHER (State or country) Balls. MA.	(Signed) (Duration) yre mos de, (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER AGELIA U. C. PEURSON 13 BIRTHPLACE OF MOTHER (State or Country) Balls MA	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place In the State yrs
(Informatily . About P. Hall	Where was disease contracted, if not at place of death? Former or usual residence. 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6819 Fais the	Saltimas Country Jan. 12, 1952
Filed 110 1940 de Madeinstein	Henry Hrech Sins, Sul. 1301 E. Eag + A. r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mme, etc. woulden at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");



stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropay," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronie etc. The contributory affection need valvular Always qualify all heart not be disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are acaded, address State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1

ECORD

PERMANE

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Forenian," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cuses, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm luborer, Laborer is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the Statement of Occupation -- Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia. Branchopneumonia ("Pneumonia."); Lohar pneumonia.

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uruemia," "Weakness," lapse," "Coma," "Convulsions," "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) head-homicide; Struck by railway train-occident; Revolver wound of Always qualify all diseases resulting from child-(merely symptomatic), The contributory (secondary or intereur-Poisoned by "Dropsy," carbolic "Debility" ("Con-"Atrophy," "Col-"Exhaustion," acid-probably important.

if this certificate is looked over thoroughly and all quactions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEEDED VIEW BY

ECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	- MIMIK I	LAND	ELKIIIICATE OF BEATH 00233	
County Baltina	WP.		Registration Dist. No. 43	
	£ 4		B/ D/	lord
Village or City	Cow.	(lf	death occurred in a hospital or institution, give its NAME instead of street and number)	/ard
Length of residance in city or town where d	eath occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Fretze	a Held	Les		
(a) Residence: No. Bu	and TR	ond	St., Ward.	
(a) nonderioe. No.	(Usual place of	abode)	If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE W	S. SINGLE, MARRI OR DIVORCED (21. DATE OF DEATH (Month) (Day) (Year	ź
5a. If married, widowed, or divorced HUSBAND of			U	
(or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased	
	0	is 1932	, 19, to, 19, 19	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Jan. 26	If LESS than	to have occurred on the date stated above, atm.	Said
7. AGE TOUTS	Days	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
		ormin.	were as follows:	nset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		-		
9 Industry or business in which			-40	
work was done, as SILK MILL, SAW MILL, BANK, etc			Marcamage	
10. Data deceased last worked at this occupation (month and	11. Total time	e (years)	11/1/1/19	
year)	оссира		Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)	lleston.		Other Consistency Canaca of Importance.	
(State or country)	1 11			
13. NAME	Highen	w		
14. BIRTHPLACE (city or town)	vulua		Nama of operation	
(State or country)	md.		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Trene	Klein		23. If death was due to external causes (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME June 16. BIRTHPLACE (city or town)	ullerta	a md.	Accident, suicide, or homicide? Date of injury, 19	
≤ (State or country)	11		Where did injury occur?	
17. INFORMANT Law, T.	Hiff	nu	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Placa Destroyed	Date	, 19	Natura of injury	
			24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER		,	If so, specify	
20. FILED 2/0 , 1982 9	a Fritz	M D Registrar	1 1 1 -3 1 -4	M. D.
If more	blanks are needed add		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V.S. No. 1

STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 60234
1. PLACE OF DEATH	186-20
County Callo.	Registration Dist. No. 30
Village or City (Parklaw, Med R Q)	NoSt.,Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmos
2. FULL NAME Stilliams J. Hend	nu
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
Nucle. Heute 5. SINGLE, MARRIED, WID OR DIVORCED (write the Medice)	
HUSBAND of Clerk Through.	22. HEREBY CERTIFY. That I attended deceased fr
(or) WIFE of alliel Thank,	12/10 ,1951 ,10 1/22 ,193
DATE OF BIRTH (month, day, and year) april 21-12	
AGE Years Months Days If LE	SS than to have occurred on the date stated above, at 6.30 A.m.
83 9 2 1day,	min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Retired Mero SAWYER, BOOKKEEPER, etc.	hour Infinitely of all of
kind of work done, as SPINNER Retired Merc SAWYER, BOOKKEPER, etc.	makes Representation
9 Industry or business in which work was done, as SILK MILL. Source Store SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end (14.4 PG)) 11. Total time (years) spent in this occupation (month end (14.4 PG))	char hetutis
10. Date deceased last worked at this occupation (month end 11. Total time (years) spent In this occupation occupation	Toolin when 13/1731
this occupation (month end ung 1930 spent In this year) spent In this year)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Gaskley K.D.	ews of U
(State or country)	
13. NAME Goolina R. Vendry	
14. BIRTHUSCE (city or town) Balling (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
J'I E	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homloide?
Man 1/2 0. 1	(Specify city or town, county and State)
7. INFORMANT WARY Selection (Address) Warkley Wed.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVALTERY LEW MARCHES GREEN 26	Manner of injury
Place Maryland Dece Med (1810 126	Nature of injury
9. UNDERTAKED Harteusteur Olymenia	24. Was disease or injury in any way related to occupation of deceased?
(Address) naryland Dung Te	If so, specify O 244
20. FILED Jan 237 1936 Coloredos & Suce	(Signed) M
	Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	: e:	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	
		County Balto:	Registration Dist. No. 43
	should of OCC	Village or City Ros/19 burs	No st Warr
	.= 0	/ / 2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS nt		ds. How long in U.S. If of foreign blrth?yrsmosds
	RD. Every YSICIANS statement	2. FULL NAME Clugust IV. Wildal.	randt
	D. SIG	(a) Residence: No. 24 Glemmore ave	St., Ward.
	81 /	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	X E	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	E M. E	OR DIVORCED (write the word)	26.193 32
5	T L ed.	5a. Il married, widowed, or divorced	(Month) (Day) (Year)
Z	Sin	HUSBAND of	2 I HEREBY CERTIFY That I attended daceased from
BIND	X A X A class	augusta Accue orana	100 - 15 ,19 31-10 face 26, 19 31
BI	100	6. DATE OF BIRTH (month, day, and year) Fel 22 nd 1880	I last saw h. L. aliva on
	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated abova, at
FOR	IS A F stated properl	0rmin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	7.0	8. Trade, profession, or particular kind of work dona, as SPINNER, Formau SAWYER, BDDKKEPER, etc.	(number) of Dander 2
VED	=	A today to a today to which	
RV	VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL as * Electric Co	<i>f</i>
ESER	Sh it	O Data deceased last worked et this occupation (month end spant in this	
RE	[4]	year) occupation	Other Contributory Causes of importance.
	A o t	12. BIRTHPLACE (city or town). Germany	Cudo Cap-delle
J.	AD sd. S, S	(State or country)	
ARGIN	UNFADING supplied. AGI n terms, so tha ee instructions	13. NAME Clugust Hilde brandt	A. L.
MA	D 1 2 9	13. NAME Cluquot Trilde brandt 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Dato ol
	70	(State of Country)	What test confirmed diagnosis? Was there en eu'opsy? W
	Wri efull in pl ant.	15. MAIDEN NAME Clima Griel	23. If death wes due to external causes (VIDL ENCE) fill in also tha following:
	PLAINLY, Wrfr hould be carefully OF DEATH in pla very important.	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Deta of injury, 19
	JAINLY, Id be car DEATH y import	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	AI Id 1 DE y ii	17. INFORMANT lugus a Hilds brandt	Specily whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	Should OF D	(Address) Af Glemmore ave	
	F-1 (0	Parksamel Cometary Date 1/29/1932	Mannar of injury
	WRITE mation cause CAUSE	Jam O V	Neture of injury
PH.	CA	19. UNDERTAKER (Address) 12/7 St Paul St	24. Wes disease or injury in eny way rejitted to occupation of deceesed?
Z	A		If so, specify
N	Z	20. FILED 1128, 19.32 5 a tutill & Registration	(Signed) 9939WC Stury M.
-	,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.
1 3	- 1	-, man and man	-7 Common of the common of the state o

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic interstitial pephralis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 2 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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YSI-		PLACE OF	DEATH		
<u>- w</u>	1	County 03	ellin	w	
LY, I			the same		
assi le.	Vi	lage or City	ryu	2 (No	1 31 3
EX/		²FULL NA	ме 9	est	lille
stated proper of certi		PERSONAL A	ND STATISTIC	CAL PARTICI	JLARS
SK BB	3 :		slevel	SINGLE, MARRIED, WIDOWED, OR DIVORCEI (Write the word	Single
should it may s on ba	6	DATE OF BIRTH			4
		********	lufi	APPLA	, 1
	-	GE	(Month)	(Day)	(Year)
refully supplied. ACE in plain terms so than rtant. See instruction		alun 77	yrs. n	dsds	If LESS than 1 day hrs.
terr tee ir	0	CCUPATION a) Trade, profession	or I	1	
ly sin	P	articular kind of w	ork	alore	*******************
carefully FH in plai portant.	b	usiness, or establish hich employed or (e	ment in		
be caref EATH in importa	-	(State or country)	m	d	
200		10 NAME OF FATHER	uns	mery	
on shoul	NTS	11 BIRTHPLACE OF FATHER (State or country	, 1	nd	
matice CA	PARE	12 MAIDEN NAME OF MOTHER	un	hnun	n
stat		13 BIRTHPLACE OF MOTHER (State or Country		bd	
of o	14	HE ABOVE IS TRU	E TO THE BEST	OF MY KNOWL	EDGE
		(Informant)	lous Hom	Res	-0
Very Item IANS sh tatement		(Addres s)	Ju	xas /	nd
BE	15	Filed Jun 16	1932	BBer	nn Registrar

60236

(131)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 37

St.:	Ward)	(If death occurre a hospital or instion, give its NAM stead of street	titu- E in-
		number.)	

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Juney 16, 1932
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Museuler 30 192 9 . to Jan 16 , 1923
that I last saw hom alive on January 14, 198
and that death occurred on the date stated above, atm
The CAUSE OF DEATH * was as follows:
Chronic Nephroto
artie Herugileles
of or
Contributory Secondary
(Signed) (Address) Cukyspill)
*State the Disease Causing Death r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs mos. ds. State yrs ds.
Where was disease contracted, if not at place of death?
Former or usual residence
alus Centry gan 17, 1930
20 UNDERTAKER RADDRESS Shahs Me

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. should be used only when needed. As examples: sary to know (a) the kind of work and also (b) the whatever, write Nonc. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective o etc., Foreman, or At Home, and children, For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day mpositor, Architect, Locomotive engineer. Stationary fireman, etc. But in many (b) Automobile factory. The materia single word or term on not gainfully em-(a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is 'Epidemic cerebrospinal meningitis'); *Diphtheria* (avoid use of 'Croup'); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septieuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, "Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The Nomenclature contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N.B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD WITH UNFADING INK-THIS IS A PERMA WRITE PLAINLY

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County Salto.	STATE OF MERCENTIFICATE	OF DEATH
	Registration I	Dist. No. 44
Village or City Stemmers Kun Hom 2FULL NAME Henry Hom	berg are. St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-1 OLD NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 4 (Month)	(Day) (Year)
6 DATE OF BIRTH LLC. 16 , 1 552 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	onded the deceased from
7 AGE [IfLESS than	and that death occurred on the date stated	above, at . 7 . m.
I day hrs	. The CAUSE OF DEATH * was as tollows	-1.
79 yrsmos/8 ds. ormin.:	Organic Treas	Testal
(a) Trade, profession or Real Estate Mealer		1000 - 100 -
business, or establishment in which employed or (employer)	Contributory Could - M	yre mog de
(State or country) Terrang	(Duration)	yrs, mos,ds.
10 NAME OF Sea. Homberg	(Signed) Harry Miles	elforen M. D.
OF FATHER (State or country) State of Country)	*State the I is ase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
12 MAIDEN NAME OF MOTHER Lunknown	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the State	eyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	9 4 4 4 6 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Homes Land Homberg	Former or usual residence	
(Informant) Farmers Burn	19 PLACE OF BURIAL OR REMOVAL	Jan 7, 19 32
15 Filed Jan 7 198 V Hon & Connelly Registrar	Tohn G. Connelly	ADDRESS
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S	i. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

PLACE OF DEATH STATE OF MARYLAND altimore CERTIFICATE OF DEATH XACTLY, P Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may (Write the word) (Month)(Day) CERTIFY, That A attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: RESERVED my ocarde or min.? suppli n term term aches (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) ... mos..... 10 NAME OF 0 11 BIRTHALACE OF FATHER ENT *State the Disease Causing Death, TION Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER OO of death ... State. (State or Country) Where was disease contracted, if not at place of dea.h?. BEST OF MY KNOWLEDGE usual residence (Informant) 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Every CIANS stater 26 UNDERTAKER ADDRESS Filed 1900 Rasikasi e Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborerbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation -Coal minc, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemid" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	0040
/ (County Baltimore 87	5
Vill	age or City Lowson (No. aight	with Manor
	PERSONAL AND STATISTICAL PARTICULARS	
3 5		MEDICAL
7	Male White MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 D	ATE OF BIRTH 26 , 1899 (Year)	that I last saw have
7 A	GE 3 Vyrs. 3 mos. / 7 ds. or min.?	and that death occured The CAUSE OF DEATH
)bi	o) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory
	(State or country) Bulton Md.	Secondary
	10 NAME OF FATHER Michael T. Horner	(Signed) 1982
ENTS	of FATHER (State or country) Bult. My	*State the Disc Violent Caus s, stat Accidental, Suicidal or
PAR	OF MOTHER Lula G. / raft,	18 LENGTH OF RESI
1	OF MOTHER (State or country) Ballimore, m.S.	At place of death yrsmos
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?
	(Info.mant) Mrs. Cathryn Horner	Former or usual residence
	(Address) Sunny brook, my.	Seenmount
15	File Jan /8 132 July Outle	20 UNDERTAKER

66239

If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

u	as Horulr Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF	DEATH
	16 DATE OF DEATH COMMAND	3 , 7.93 2
-	17 I HEREBY CERTIFY, That I atter	uded the deceased from
an .	and that death occured on the date stated at	1932, bove, at 2130 Am.
s. ?	The CAUSE OF DEATH * was as follows:	rosis
1		.yts mos ds.
-	Contributory llefleretry -	-acult
	(Signed) Solut Leleu	yrs de mos de de M. D.
_	Jul 13 1932 (Address) Laws	ey, ella .
-	*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from try and (2) whether
	18 LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
	At place of death yrs mos. ds. State.	yrsds.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	VIRENTAVER	, 19
	Mar he Winderland. 3	01 2. 22 ml J-

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons onployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenan, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if Civil engineer. Stationary froman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on W8). without more precise specification as For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISERATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, telumps) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (mcrely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by reilway trein or as probably such, if impossible to determine definitely (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Carcinoma, Sarcoma., etc., of etc. The contributory valeular heart disease; Measles ,

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Bacternace	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Catansville (No. 3 a	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Selmuth 2.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January 30, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH Sept 6, 1909	17 I HEREBY CERTIPY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he slive on 1927
7 AGE If LESS than	and that death occurred on the date stated above, at 22 m.
22 yrs. of mos. 24 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Pin alimbatranila
(a) Trade, profession or particular kind of work	Juliuon ary (mon euron
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Paltimore MA-	Contributory Secondary (Duretion) ws. page ds.
10 NAME OF Yout Thake	(Signed) Dercey Won Ellm. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Comma Marrisse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disesse contracted, if not at place of death?
(Informant) Mrs EmmalStuke	Former or usual residence
(Address) 3 august Roas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL and and Jan len 2/2/ ,1932
Filed Q-/ 1982 Helleft Registrar	20 UNDERTAKER 2. Taken Jane 1318 light
If more blanks are needed, addres State Registral	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

16511

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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DIVIO	ANEN	ACTLY.	ssified.
	7 7	4	R

STATE OF MARYLAND—CERTIFICATE OF DEATH

66241

IT PLACE OF DEATH	(7/3)
County Balto.	Registration Dist, Np. 4
Village or City Cessey	ND. Polar Rd. 7. E. Creek St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
a sure of the start of	for h
2. FULL NAME John Wesley	enkino
(a) Residence: No. 1615 Hakesley	loanst, Ward. Balto. 2nd.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) manied	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced IUUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(OF) HIFE of Louise Ceverett	
1 DATE OF DIRTH (1994)	7
6. DATE OF BIRTH (month, day, and year) Cura . 10, 1889 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1. Add lears months bays 11 Ecss (mail	
77 4 20 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWTER, BOURNEEFER, GIG.	Compound ractured
work was done as SHK MILL	Skull
	Strak with automobile jak and club.
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	Cure
D OT.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Sallo	
(State or country)	
13. NAME Charles Jenkins	
14. BIRTHPLACE (city or town) Germany	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME marg. Brooks	23. Il death was due to external causes (VIDLENCE) filt in also the following:
16. BIRTHPLACE (city or town) Balto.	Accident, suicide, or homicide? Francisco. Date of injury January 6, 19.32
State or country)	Where did injury occur? Eassey
f & 6.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Louise Jankens Place	Specify whether injury occurred in intodistrict, in nome, of introduct FEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place But Carmel Dale Jan 20 193	Manner of injury
19 UNDERTAKER John G. Connelly	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cosey md.	If so, specify A
1 1 10 16 0 00	100 tocala Walling and Parange un
20. FILED Jan 20, 1932 Jun 7. Connelly Registrar.	(Signed) factor fallman Coroner M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotten mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / EB =	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis D. 1939	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ż

County STATE OF MARYLAND—	CERTIFICATE OF DEATH 60242	
Village or City . It also on the continue of t	1. PLACE OF DEATH	(14-0)
Length of residence in city of fown where death occurred yes most 2 theory How long in U.S. if of foreign birth? yes most described of sures and number) 2. FULL NAME (a) Residence: ND. (b) Section of the sure of the sur		
Length of residence in city or town where death occurred yes. most through the world in the control of the cont	Village or City / 12/0/org/own Q & D mas	No. St., Ward
(a) Residence: ND.	Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) 2 Roses How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED. OR DIVOGRED Comic the word) For in married, widowed, or divorced control with the word of control of cont	Z. FOLL NAME	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED Carrie the word) 5. If married, widowed, or divorced HUSSAND (Month) 5. If married, widowed, or divorced HUSSAND (Month) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Days 11 LESS than 1 day, — hrs. or 3/2 — in Jan. — the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Firede, profession, or particular shows a significant or shows a significant		
The Park Place (city or town) She work wishers an autopay? 11. Total time (years) 12. Birthplace (city or town) (State or country) 13. Manner Manner (state country) 14. Birthplace (city or town) (State or country) 15. Birthplace (city or town) (State or country) 16. Birthplace (city or town) (State or country) 17. INFORMANT 18. Birthplace (city or town) (State or country) 18. Birthplace (city or town) (State or country) 19. Manner of injury Name of injury		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days 1/LESS than 1 day, /2 hrs. or 32 min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKREFER, etc. 9. Industry or Dusiness in which work was done, as SLK MILL. SAWYER, BODKREFER, etc. 9. Industry or Dusiness in which work was done, as SLK MILL. SAWMILL, BANK, etc. 11. Total time (years) spin in this occupation 12. BIRTHPLACE (city or town) Ciste or country) What test confirmed diagnosis? Was there an autopsy? 13. NAME What country What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to extense course (VIOLENCE) fill in also the following: Address) 13. NAME Date of one of injury Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury 19. UNDERTAKER Address) PLANS ANDEN NAME Date of one of injury Where of injury 19. UNDERTAKER Address) PLANS ANDEN NAME Date of injury 19. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury 19. Where of injury 19. UNDERTAKER Address) PLANS AND	Tunale Colond OR DIVORGED (write the word)	Jan 23" 1932
8. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days ITLESS than I day, Zhis, 0x30, min. 8. Trede, profession, or particular kind of work done, as SyllniNER, SAWTER, BONKEPERIR, etc. SAWTHILL, BAHK, etc. D. Date decessed last worked ett this eccupion (month and overpation) State or country) But 13. NAME MILLABAM, etc. Dither Contributary Causes of importance: Dither Contributary Causes of importance: West save and an as SILK MILL, SAW MILL, BAHK, etc. Dither Contributary Causes of importance: Dither Contributary Causes of importance: What test confirmed diagnosis? Was there an autopay? 23. If deeth was due to externed causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) RUMALLS AMALL OF AND	HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceesed from
TAGE Veers Months Days If LESS than 1 day, //2 hrs. ox30 min. 1 he PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Sawree, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc. 10 Date deceased last worked et the support of the supp	(a) mile of	
Trede, profession, or particular oc. 32 min. 8. Trede, profession, or particular oc. 32 min. 8. Trede, profession, or particular oc. 32 min. 8. Kind of work done, as SPINKR, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 10. Date deceased last worked at spant in this occupation (month and yeer). 11. Total time (years) spant in this occupation (Cistae or country). 12. BIRTHPLACE (city or town). (State or country). 13. NAME 14. BIRTHPLACE (city or town). (State or country). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country). 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Location 19. UNDERTAKER 11. Total time (years) spant in this occupation of deceased? 19. UNDERTAKER 19. Location 19. UNDERTAKER 19. Location 19. UNDERTAKER 11. Total time (years) Spant in this occupation 19. UNDERTAKER 19. Location 19. UNDERTAKER 19. Location 19. UNDERTAKER 11. Total time (years) Spant in this occupation 19. UNDERTAKER 11. Total time (years) Spant in this occupation 10. Date deceased of Importence: 10. Date of causes of Importence: 10. Date of causes of Importence: 10. Date of causes of Importence: 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. Manuer of operation 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 11. Total time (years) 19. UNDERTAKER 11. Total time (years) 19. UNDERTAKER 11. Total time (years) 10. Date of causes of Importence: 11. Total time (years) 12. Date of causes of Importence: 11. Total time (years) 12. BURIAL, CREMATION 13. Tot	6. DATE OF BIRTH (month, day, end year) Au 22 1932	
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19. UNDERTAKER Miliam John Son (Falker McLiel) 24. Was disease or injury In ony way related to occupation of deceased? 19. UNDERTAKER Miliam John Son (Falker McLiel) 24. Was disease or injury In ony way related to occupation of deceased? 16 so, specify 20. FILED an 2 4 , 19 6 . 8 Frosth M. D. (Signed) M. D. M. D.		Menner of injury
20, FILEDJan 24, 19 6. 8 Frosth M. D. (Signed) Sim Ho, Drach M. D.	Place Saulph Chaptel Date Jul 25, 1932	Nature of injury
20. FILEDJan 24, 19 C. E. Froth M. D. (Signed) Thu Ho, Drach M. D.	15. OHDERTARER	
	20, FILED Jan 2 4, 19 C. 8 Froth m. LO	(Signed) Thu H, Drach M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
Ca		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

[Approved by U. S. Census and American Public Health Asso.]

man, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without ment; it should be used only when needed. As exan additional line is provided for the latter state pecially industrial employments, it is necessary Stationary Fireman, etc. But in many cases, es irrespective of age. For many occupations a single occupation is very important, so that the relative write None. For persons who have no occupation whatever may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginhas been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as taken to report specifically the occupations of ployed, as At school or At home. Care should be work, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defiwho are engaged in the duties of the household laborer, Laborer-Coal mine, etc. Women at home more precise specification, as Day laborer, Farm amples: (a) Spinner, (b) Cotton mill; (a) Sales nature of the business or industry, and therefore to know (a) the kind of work and also (b) the Architect, Locomotive Engineer, Civil Engineer, word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. Statement of Occupation,-Precise statement of Farmer or Planter, Physician, Compositor,) may be entered as Housewife, House.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of...........(name origin;

"Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as "Puerperal septicemia," "Puerperal peritonigenital," "Senile," etc.), "Dropsy," "Exhaustion "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms stated unless important. interstitial nephritis, etc. eough, Chronic valvular heart disease; Chronic "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Whooping mittee on Nomenclature of the American Medical statement of cause of death approved by Comhead of "Contributory." (Recommendations on earbolic acid-probably suicide. The nature of HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental OF INJURY and qualify as ACCIDENTAL, SUICIDAL, was undertaken. For violent deaths state means tis," etc. State eause for which surgical operation eases resulting from child birth or misearriage, ondary or intercurrent) Association.) the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the Revolver wound of head-homicide; Poisoned by drowning; Struck by railway train-accident; Example: Measles (disaffection need not be The contributory (sec-

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

FEB 8 1932 BUREAU V.S.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107·a
County Buttunos	Registration Dist. No.
Village or City Jourson	No. Luffand Funch rett Hosp. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,9mos.	
2. FULL NAME Edward F. Keil	
(a) Residence: No. 2222 Horford Rd. (Usual place of abode)	St., Ward. If nenresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of (or) WIFE of Josephine /Keil. 6. DATE OF BIRTH (month, day, and year) Spiril 29, 1865	22. I HEREBY CERTIFY. That I attended deceased from Vegy 19 1931, to January 28, 1932 I last saw h alive on January 27, 1932 death is said
7. AGE Years Months Deys if LESS than I day, hrs. or min.	to have occurred on the date stated above, et 5:25 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Note that the second is a second in the second is second in the second in the second is second in the second in the second is second in the second in the second in the second is second in the second in the second in the second is second in the second in th	Broucho preumonia /26/32
12. BIRTHPLACE (city or town) Baltimor, Maryland (State or country)	Other Contributory Causes of importance:
	Asterio selevoris, queval 7
13. NAME Martin / Ceil 14. BIRTHPLACE (city or town) Generally (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 🎎
15. MAIDEN NAME Pauline Wagner	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Pauline Wagner 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT Kins Eshel P Kiel (daughter)	Accident, suicide, or homicide?
(Address) 2222 Hanford Rd.	
18. BURIAL, CREMATION, OR REMOVAL Place Oate 19:32	Manner of injury
19. UNDERTAKER GEORGE & Path Incorporated (Address) 1606 h. Chester Street	24. Wes disease or injury In eny way releted to occupation of deceased?
20. FILEDJAN 28, 1932 OFM Sept Registrar.	(Signed) M. D. (Address)
If more blanks are needled, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Tr. man as as a service of the servi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial, nephritis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

TEL

20. FILED Jan

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(6) (245)
County Baltimore	Registration Dist. No. 44 4
W. 2.21 a. Dilman	Dina Dinan Dana
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kate C. Kline	
(a) Residence: No. Bird River Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH January 27th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Charles Kline	Sept 16 the 192 to June 26 1932
6. DATE OF BIRTH (month, day, and year) March 21, 1862	I last saw h alive on Jan 26, 19 3 2, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated bove, at 1:15A. M.
69 10 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impartance were es follows:
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Housewife	Chrone pephroles,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. At Home 10. Date deceased last worked at this occupation (month and	letotery feces
work was done, as SILK MILL. SAW MILL, BANK, etc	or angeningen anew cos de 1991
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balto.	Other Contributary Causes of Importance:
(State or country) Md	1972
监 13. NAME Lawrence Dignan	
14. BIRTHPLACE (city or town)	Name of operation and englester town Date of Sept 26 d
(State of Country) In elain	What test confirmed diagnosis? Light Was there an autopsy? No.
15. MAIDEN NAME Mary Larkin 16. BIRTIIPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTIIPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) Ireland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Kline (Address) Middle River, Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Jan. 30. 1932	Manner of Injury
Place Parkwood Date Jan, 30, 1932	Nature of injury
19. UNDERTAKER Frederick Lange hus Law	24. Was disease or injury in any way related to occupation of deceased?

Registy

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. ECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. IS H UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH		116 947)
County Baltimore		Registration Dist. No. 4 9
Village or City_Middle_Riv. Length of residence in city or town where deat	(1)	No. Fastern Ave. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Frederick (a) Residence: No. Middle		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	January 10th (bay) 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Kling	enstein	22. I HEREBY CERTIFY. That I atlended deceased from
6. DATE OF BIRTH (month, day, and year) OCt 7. AGE Years Months	. 10, 1860 Days If LESS than 1 day, hrs.	I last saw h alive on the date stated above, at P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and		were as follows: Date of onse Date of onse
work was done, as SILK MILL, SAW MILL, BANK, etc	Arm 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balto. (State or country) Md.		Other Contributory Causes of Importance:
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknow (State or country)	n	Name of operation Dale of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Unkno	wn -	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)		Accident, suicide, or homicide?
17. INFORMANT Catherine Dr (Address) Stemmers Run	yer , Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Boenezer Cem.		Manner of Injury
19. UNDERTAKER Freduit Fac. (Address) 7401 Belair	mahu And	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Jan. 11 , 1932 J. J.	Cornelly Registrar.	(Signed) M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the leceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

PLACE OF DEATH	66247 STATE OF MARYLAND
County Balto	(III) CERTIFICATE OF DEATH
0.	Registration Dist. No.
Village or City Spansows 84. (No. Edg. 2FULL NAME Evelyn Em	Mulle St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed. OR DIVORCES on gle	16 DATE OF DEATH Jaw 10, 1932
6 DATE OF BIRTH MICH. 2: 1930	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 2 au 6 1992 to 10 10 1922
(Month) (Day) (Year)	that last saw her alive on Sau 10 , 1982,
7 AGE If LESS than day hrs. day hrs. day or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Llury:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yis mos 7 de
9 BIRTHPLACE (State or country) Planning Buttimore C	Contributory Secondary Contri
10 NAME OF Harry Edward Kinemer	(Signed) James M. M. D.
OF FATHER (State or country) (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Waril Upling.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Balto . ned .	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Harry Edward Kraemer	Former or usual residence
(Address) Edgemene	Mount Carmel Eur. Jun. 15 1996
15 Filed aw. 11 th 1982 y Muserminks	20 UNDERTAKER Killy + gulse Jue. 4033. Mogs St
If more b.anks are needed, address State Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook work, or At Hame, and children, not gainfully emdefinite salary, may be entered as Housewife, House er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, Civil engineer, Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer—Coal minc, etc. Wom-ome, who are engaged in the duties of the without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in Locomolive engineer, persons en-

ed term for the same disease. Examples: Cerebrospina. stinal meningitis"; Diphtheria avoid use of "Croup"); EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid Javer (never report "Typhoid Pneumonia"); fever white only definite synonym is "Epidemic cerebrotime and causation), using always the same acceptpheumonia, Bronchopneumonia ("Pneumonia,

approved by Confinition on telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) use of "Tumor" for malignant neoplasms); Whooping (secondary or intercurrent) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mend of "contributory dent of cause of deat.

on Namenclature of the plate of further correspondence. All the obtained efore the cettificate of the design of the obtained efore the cettificate. peritonaeum, etc., Carcinoma, Sareoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. affection need valvular heart The contributory "" "Convulsions, Measles; not be disease

answered in detail, permanently filed If this certificate

MII N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 4 1032				
Other contributory causes of importance: 3		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

De armacost Worklaum MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH	0
1. PLACE OF DEATH		(186-0)	1
County Collo	·/)	Registration Dist. No. 30	
Village or City Mary and	Dine	No	War
Length of residence in city or town where death oc		If death occurred in a hospital or institution, give its NAME instead of street and number sds. How long In U.S. if of foreign birth?yrsmos	r) ds
2. FULL NAME anna &	Tallie IV	roux.	
(a) Residence: No.	·	St., Ward.	
PERSONAL AND STATISTICAL	Javal place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Temale. Whate	DIVORCED (write the word)	Jan 24 ,193	(ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	max.	22. I HEREBY CERTIFY, That I ettended deceas	ed from
(d) mile 1 / Co acco 18 / C	2 /	12/2 ,1936, 10 2/25 ,1	9.82
6. DATE OF BIRTH (month, day, and year) Upre	12-1846	I last saw har alive on 1/22 ,193 2 deat	h is sai
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date steted above, at 235 Pm.	
85 9	7 · ormin.	mara as follows:	of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sewife.	Fresty Ferry	
9. Locustry or business in which work was done, as SILK MILL,		tomal brokely -	
SAW MILL, BANK, etc	11. Total time (years)	Just was	
O this occupation (month end year)	spent in this	make Playing Johns	
12. BIRTHPLACE (city or town) Baltu	une.	Other Contributory Causes of importance	
(State or country)	and.	Cuses	
13. NAME William M	orse.		
14. BIRTHPLACE (city or town)	L'accor.	Name of operation	
(State or country)		What test confirmed diagnosis? Was there an autopsy	7
15. MAIDEN NAME Jaraly Su	reas	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:	
16. BIRTHPLACE (city or town)	Muow	Accident, suicide, or homicide? Date of injury, 1	9
(State or country)	1/ <	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT VOISSIES	mul	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Manual Carral 18. BURIAL, CREMATION OR REMOVAL	re Mai	Manner of Intury	
new Marker Occiones	Jaw. 27,1032	Manner of injury	
19. UNDERTAKER Warterster 72	minuske	24. Was disease or injury in any wey related to occupation of deceased?	
(Address) Maryland	Breve : Wed	If so, specify	
20. FILED Jan 262 1934 Ches	In & Sulling	(Signed) C It Jarry	M. I
0	Registrar.	(Address) Stranbuly	
If more blanks a	re needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FLB 8 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

1. PLACE	OF DEATH			93-6	
County	Baltimore			Registration Dist. No. 4	B
Village or	city Rosedale		(If	No. Philadelphia Road St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of re	esidance in city or town whara da	nath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL N	AME George La	Forge			
(a) Resid	ence: No. Philade	lphia F (Usual place	d • of abode)	St., Ward. If nonresident give city or town as	ad State
PERSO	NAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		RIED. WIOOWED. O (write the word) E ed	21. DATE OF DEATH January 14th, (Oay)	, 193 2 (Yaar)
5a. If married, wid HUSBANO of (or) WIFE of		orge		22. I HEREBY CERTIFY. That I attenda	d daceasad from
6. DATE OF BIRTI	H (month, day, and yaar) OC t	. 29. 1	882	(last saw h less alive on Jan 104 , 19 3	2; daath is said
	faars Months	Oays	If LESS than	to have occurred on the date stated above, at11 P_om.	
	49 2	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of enset
kind o SAWY B. Industry o work is SAW M	ofession, or particular f work dona, as SPINNER, ER, BOOKKEPER, etc			Hut Cardine	Jen 14/3 3
yaar) 12. BIRTHPLACE	ccupation (month and		t in this pation	Othar Contributory Causes of importance:	nor 193
(Stata or co	ountry) N.Y.			alul auemes	
H 13. NAME	Lloyd LaForge	2			
	CE (city or town) New	York		Name of operation Oate of What test confirmed diagnosis! Was there are	autopsy?
15. MAIDEN	NAME Theresa W	/hite		23. If death was due to external causas (VIOLENCE) fill in also the followi	ng:
15. MAIDEN I	CE (city or town) New Y	ork		Accident, suicida, or homicide? Oate of Injury Where did injury occur?	
17. INFORMANT (Addrass)	Mrs. Della La Rosedale, M	Forge		(Specify city or town, county and Si Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC F	ate) PLACE,
	ATION, OR REMOVAL	_Oata Jan	18 ,19.32	Mannar of injury	
19. UNOERTAKER- (Address)	Frederick Z 7401 Belair	Road	usker	24. Was disaase or Injury in any way related to occupation of dacaasad?	ko-
20. FILEO	114 ,132 8	a Fin	5mg	(Signed) & Whey & A	M. O.

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Example I		Example II		
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Chronic interstitial nephritis _ EIVEL	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 2 1932				
Other contributory causes of importance!		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
V				

V. S. No. 1

Bi

certificate.

Jo

See instructions on back

19. UNDERTAKER

20. FILED.

(Address)

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	251
1. PLACE OF DEATH	93-c	0.01
County Ballimore	3	1
Village or City Wood awn	Np. Cuglewood with No.	Mand
£ 3 (II	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence in city or town where death occurred yrs	ds. How long in U. 9. If of foreign birth? 5.3 yrs. mos.	ds.
2. FULL NAME JUNE VILLAGE	Lauge	
(a) Residence: No Manual Company (Usual place of abode)	St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIMORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.2
5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Christian Land Cocces		ceased from
6. DATE OF BIRTH (month, day, and year)	July 13 , 19 2 8, to Jan 4	., 19.3.2.
7. AGE 1 Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.75 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or patients	were as follows:	Date of enset
SAWYER, BOOKKEEPER, etc. SINDUSTRY OF DESIGNATION OF PARTICULAR OF SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY OF DUSINESS IN Which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occuration (month and the particular) for month and some of the second in this second in the second i	The state of the s	11.40
10. Date deceased lest worked at this occupation (month end year) 11. Total time (years) spant in this occupation 5 4 4	<i>y</i>	
12. BIRTHPLACE (city or town) Sumany (State or country)	Other Contributory Causes of importance:	
E 13. NAME TOURMAN Jauge	Clause pulmony dederna	2 day
14. BIRTHPLACE (city or town) Sumanu	Name of operation Date of	- ha
15. MAIDEN NAME Seeme Blunge	What test confirmed diagnosis? Westhere an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
16. BIRTHPLACE (city or town) - Jermany (State or country)	Accident, suicide, or homicide?Date of injury	, 19
17. INFORMANT LAY Bernard Sauge for (Address) Englewood and we will it it it	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place Summanuel Daje Jaw 7 1931	Manner of Injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis MAR 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PAGE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

W.)	, PHYSI-
	THIS IS A PERMA NT RECORD	pplied. ACE should be stated EXACTLY, PHYSI- press so that it may be properly classified. Exact
9	NT R	e state
ED FOR BINDING	ERMA	hould b
OR E	SAP	ACE s
ED F	THIS 1	pplied.

	1PLACE OF DEATH		66252 STATE OF MARYLAND		
	County Baltimore	ine	CEPTIFICATE OF DEATH		
1		(23	Registration Dist. No. 4/2		
Vi	llage or City Ridgewood (No. Beechfie		ve near Leeds Avest: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	5	MEDICAL CERTIFICATE OF DEATH		
	SEX 4 COLOR OR RACE SINGLE, MARRIED, Single White OR DIVORCED (Write the word)	e	January 27 , 19 32 (Month) (Day) (Year)		
6	DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased from		
		896	Jan 20 1932 10 Jan 27 , 1932		
		(Year)	that I iast saw h Or alive on Jan 2 1927		
7.		SS than hrs. min.?	and that death occurred on the date stated above, at 12 Noonm. The CAUSE OF DEATH * was as follows:		
000	DCCUPATION (a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)		app of Sane y tourning yes mos do.		
9	(State or country) Baltimore Maryland		Contributory Secondary (Duration) yrs		
	10 NAME OF Samuel Lawson		(Signed) Award Among him M. D. Hooper Ave & Virginia P		
ENTS	of father Ireland (State or country)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PARE	of Mother Louise Seibel		Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
	OF MOTHER Baltimore, Md. (State or Country)		At place in the of death was disease contracted. Where was disease contracted.		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		if not at place of dea.h?		
	(Informant) Mr. Samuel Lawson Beechfield Ave near Leeds	Ave	Former or usual residence		
15	(Address) Ridgewood, Md. Filed My 29 1932 Tel Mie Reit	fer trar	Loudon Park Cemetery Jan. 30 , 19 32 POUNDERTAKER 1003 West Baltimore St.		
=	If more branks are needed, address State K	egistrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—cat mane, eve. Woll-en at home, who are engaged in the duties of the how-chold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEAFER. Howsemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Enhaustion," "Heart fauure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the edata is essential and must be obtained before the certificate is permanently filed.

FEB 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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BUREAU V S	<u> </u>		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIA	N
	Olerandie r	711111111111		T TT T DA CALL	

1. PLACE OF DEA Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in ca ds. How long in U.S. if of foreign birth? vrs. mos. statement 2. FULL NAME ECORD. (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of Y. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than Months 7. AGE Davs to have occurred on the date stated above, at FOR 1 day. hrs. The PRINCIPAL CAUSE OF DEATH ---- min. 8. Trade, profession, or particular kind of work done, as SPINNER, NO RESERVED Jo SAWYER, BOOKKEEPER, etc. OCCUPAT may back Andustry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years, this occupation (month and that occupation ... instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13, NAME See PLACE (city or town) plain (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Oate of injury______ 19 DEATH 16. BIRTHPLACE (city or to (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. pluods OF (Address) 18. BURIAL CREMATION, OF REN Manner of Injury 00 AUSE ation Nature of injury LION 19. UNDERTAKER (Address) If so, specify (Signed)

Ward

Date of onset

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis EER & 1932	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUEEAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
Ph					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

infor- state UPA-	1. PLACE OF DEATH	GERTIFICATE OF DEATH
	County Baltimore	Registration Dist. No.
item of should of OCC	Village or City Texas	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t s it	//, /	death occurred in a norpital of institution, give its 14/A/VIE instead of street and number/
D. Every SICIANS tatement	2. FULL NAME lames boseph Linds	Las est
2 4/	(a) Residence: No. Texas md.	St. Ward.
HY S	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (3)
RECO Exac	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
NENT R CTT-X iffed. E	male White Widowed	(Month) (Day)
MANE A CT assifie	50. If married, widowed, or divorced HUSBAND of Corp. WIFE of Ella R. Murray	22. 1 HEREBY CERTIFY, That I attended deceased from
EXE.	6. DATE OF BIRTH (month, day, end year) Quant 10 1853	I last saw h; death is said
at at	7. AGE Years Months Days If LESS then	to have occurred on the date steted above, atm.
IS A stated proper ertific	78 4 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
HIS pe pe of of	8. Trade, profession, or particular kind of work done, es SPINNER, Line Business	Sudden
	SAWYER, BOOKKEEPER, etc.	Francis deal in the ad
K—T nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	June ace we pus bee
E sh	this occupation (month and spant in this	
NFADING I pplied. AGE erms, se that instructions of	yeer) occupation	Other Contributory Causes of importance:
DIP J. Se ucti	12. BIRTHPLACE (city or town) (State or country)	The factor and
THE UNFAULT Supplied plain terms,	13. NAME John Rindson	of years, who not under treta
supplied te	13. NAME John Kindsay 14. BIRTHOLACE (city or town) - Jan Jan Company	White of specialism for Scotral must bate of
ly s	(State of country) (1) the auto-	What test confirmed diagnosis? Was there an autopsy?
WYTE efully in plai	15. MAIDEN NAME Catherine Gullagher 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
Car CH orts	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19
AINLY, WY ld be careful DEATH in p	ma 11-10: 00 0: 110	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Y P Q A	17. INFORMANTIA WILLIAM OF Fundally (Address) Texas Ma	Specify whether injury occurred in Middalki, in Home, of influence feature.
E PL shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place It Joseph Cemetery Date Jan 5 , 1932	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Henry W. Mears & Son (Address) 805 n. Calvert Ct.	24. Was disease or injury in any wey related to occupation of deceased?
N. N.	20. FILED Jan 3 , 1931 BB Bener AV.	(Signed) B. H. Drusey M. (Address) The Land
(1)	If more blanks are needed, address Sinte Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	8	July 5, 1927	Perilonitis	3 days ago	
	EULLAU V. D				
Other contributory	huses of importance:	De part	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH EXACTI y classi ileate. PERSONAL AND STATISTICAL 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 0 WIDOWED. 0 0 OR DIVORCED (Write the word) ma n ba 6 DATE OF BIRTH (Month) (Dsy) (Year 7 AGE IIILESS ther I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENTS OF FATHER S CAU (State or country) 12 MAIDEN NAM. 01 PA OF MOTHER Stot 13 BIRTHPLACE At place OF MOTHER (State or Country) 00 should ent of il not at place of dea h?... of Former or usual res.dence Every it CIANS 20 UNDERTAR Filed If more banks are needed, addre. s tate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME it stead of street and

number.) MEDICAL CERTIFICATE OF DEATH and that death occurred on the date/stated above, at The CAUSE OF DEATH * (Duration) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State. of deathyrs......mos.... Where was disesse contracted,

REMOYAL

DATE OF BURIAL

arry

ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealsary to know Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the If the occupation has been changed not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Dinhlheria (avoid use of "Croup"); Jylhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perulonitis," etc. "(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E. haustion," "Heart failure," "Hiaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injunx State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL "OF HOMICIDAL, can be ascertained as the cause. .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular Always qualify all heart not be

If this certificate is Nooked, over thoroughly and all qu stions answered in depth, it will neglent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Consus and American Public Health Association.)

or given up on account of the disease causing drath, Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plantor, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and elildren, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

32 V. S

or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(131)
	County Baltim ore	Registration Dist. No.
7 2 2	Village or City Catonsuille Md.	No. Spring Issune Hospital, War
	(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	× 0 0 = = =	
Every CIANS ement	2. FULL NAME Tohn Me Conel	il ,
KD.	(a) Residence: No. 704 Hysle Court (Usual place of abode)	St., Ward. Ballen of, Md. If nonresident give city or town and State
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
IG ENT T L	male White married	(Month) (Day) (Year)
I SE	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
	(or) WITE of mrs Stella mc Conchie	Jan 1 1932 to Jan 13 1932
BIND) ERMA EXA y class	6. DATE OF BIRTH (month, day, and year)	Hastsawh i by alive on Jan 13 1932 death is sai
PI PI I I I I I I I I I I I I I I I I I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 20 H. m.
FOR B IS A PE stated E properly	5-9 -5 -3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	_ 8. Trade, profession, or particular	were as follows:
HIS be be of	SAWYER BOOKKEEPER etc. Carrenter	
K-T'H lould h may h	Industry or business in which work was dona, as SILK MILL,	
	SAW MILL, BANK, etc.	Chr Interst Nephritis 121
ESE INI INI E sh	10. Data deceased last worked at this occupation (month and year)	
ARGIN RESTANTABLING INTERPRETATION AND THE PROPERTY OF THE PRO)/ · · · · · · · · · · · · · · · · · · ·	Other Coutributory Causes of importance:
N DI	12. BIRTHPLACE (clty or town) U (State or country)	
ARGIN UNFADI pplied. terms, so instruct		Circhoro of Five 12de
	13. NAME James Mc Conchie 14. BIRTHPLACE (city or town)) ireginal	
M H H su su su See	14. BIRTHPLACE (city or town) U	Name of operation
A 5 5		What test confirmed diagnosis?
W We in in ant	15. MAIDEN NAME martha Braum	23. If death was dua to external causes (VIOLENCE) fill in also the following:
INLY, be can EATH import	16. BIRTHPLACE (city or town) V. (Stata or country)	Accidant, suicide, or homlcide? Date of injury, 19
PLAINLY ould be care important	1 (State of Country)	Where did injury occur?(Specify city or town, county and State)
ABE	17. INFORMANT MAS SUCCO YN Canalla (Address) 70 H Handa Command Control	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Managediation
	Place Mur (attend Date / - 1/2 - 19.32	Manner of injury
2.25 Z	7 6 75	Nature of injury
T C mar	19. UNDERTAKER A. M. CAURE CARREST TO BE A CONTROL OF THE CONTROL	24. Was disaase or injury in any way related to occupation of deceased?
B	(Modern 100) Hamover 1	If so, specify (Signed) Poll & Garrell M.
> z	20. FILED	(Address) Poat Insulle M.
	16 4 A Clothanta D.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	K-Oulv 15 more blanks are needed address spile Registrat,	24.1 24. Council Street, Datimore, Requesting O. 3. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones &	May 1,1923	Gastroenteritis	1 year		
(80R)					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

* See letters under "GARRETT" 3/14/32 in which wife state declared'
name is James Coleman and pluppeier states be to not certain
which refine is - Dr. Collinson paid not to change

No. 1

11

	PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Towson (No. 509 P.	Registration Dist. No.
	2FULL NAME Emme J. McDou	tion, give its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Finale White Single, Willows OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) ((Day) 1932 (Year)
	July 22, 1861 (Month) (Day) (Year)	that I last saw h la alive on 193.2.
	7 AGE If LESS than I dayhrs. ds. ormin.?	
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmos
-	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs
	10 NAME OF Stephen Butler	(Signed) Clewel Awel M. D.
-	OF FATHER Z (State or country) 12 MAIDEN NAME (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Sarah Grown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns iente or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosde
	(Informant) Nowa N. Me Douale	Former or usual residence
	(Address) Jowson Mayland	Prospect Hill len Jan 8th, 1,3
-	Filed Jane. 7 1932 Will Butter Registras	John Burns Bons Towson
ı	If more b.anks are needed, addre.s Ltate Kegistran	To W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeaning allower, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quostired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (6) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); s. inal meninatis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

If this certificate is probled over the oughly and all questions answered in detail, it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(Recommendations of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease on Nomenclature of the etc. The contributory valvular heart disease; Measles ;

No. 1

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PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

n	Hts. Ave., St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	January 10, 1932
_	(Month) (Day) (Year)
	I HEREBY CERTIFY, That I attended the deceased from
	hat I last saw halive on, 192,
7	and that death occurred on the date stated above, at 11:30Pm,
: a	The CAUSE OF DEATH * was as follows: Asphyxia from illuminating gas.
	(Accidental)
••	
-	Contributory Secondary (Duration) yrs
	(Signed) A. L. Wilkinson, M. D. 1/11 1932 (Address) 5713 Belair Rd., Raspe.
	*State the Disease Causing Death, or, in deaths from Md Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs mos ds. In the State yrs mos ds.
_	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
7	Parkwood Cemetery Jan. 13. 19.32
/	Henry Sander & Sons. Inc. & Broadway
rar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Baltimore.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housenuil, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal ("Pneumonia,

> stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
			,	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient mas unally to give husband is name or state substilus he mos living so dend

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Jo should Registration Dist. No item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos.___ CORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs to have occurred on the date stated above, at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of poset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION RESERVED 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. plnous may 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month and occupation ___ instructions 12. BIRTHPLACE (city or tow (State or coun supplie FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?___ _____ Date of Injury_____ 16. BIRTHPLACE (city or town (State or country Where did injury occur? __. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation TION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER V. S. No. 1 If so, specify E) 20. FILED. (Address) 3 300 W. 1) alta Gree Palto. Me Registrar.

address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II		
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	32	The principal cause of death and related causes of importance were as follows:		
Afterioscierosis	1910	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURBAU	July 5,1927	Peritonitis	3 days ago	
<u> </u>				
Other contributory causes of importance:	OF THE PARTY	Other contributory causes of importance:	150	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registras

If more blanks are needed, address State Registrar,

BINDING

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement, Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, a. g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on W.S.). For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) persons en-Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stited unless important. Example: Measles (disease carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al 10 ds. Never report mere symptoms or terminal condiinges, perionueum, etc., Carcinoma, Sarcoma, etc., etc., etc., combine constant control of "Cancer" is less definite; avoid use of "Tumor" for malignant ncoplasms); Measles approved by Committee on Nomenclature (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic The nature of the injury, etc. The contributory heart disease; not be of the

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
111	Registration Dist. No.
Village or City Wald (No. (No.	by Ward) (If death occurred in
	ward) a hospital or institu- tion, give its NAME i- stead of street and
2FULL NAME MANGE // MA	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH -
demal bolored OR DIVORCED	192 , 192 , 192 , 192 , 192 , 192 , 192 , 192 , 193 ,
(Write the word)	(Month) 7 (Day) /9 72(Year) 17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 to
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE If LESS than	
I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
42 yrs ds. ormin.?	
B OCCUPATION (a) Trade, profession or	Sente Steart oursus
particular kind of work Atwenter	
(b) General nature of industry business, or establishment in	33333 2000 200 200 200 200 200 200 200 2
which employed or (employer)	(Duration) yrs mos ds,
9 BIRTHPLACE (State or country) Wissinia	Contributory Secondary (Duration) 5 yrs
10 NAME OF AI AL.	(Signed) Color & Renter Color
FATHER St. Many	Jess 21 1992 (Address) Bolgato
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) / Manna	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal of Homicidal.
OF MOTHER IM AND ONE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recont Residents) At place In the
OF MOTHER (State or Country) Manharotur,	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
allialia 11.	Former or usual residence
(Informant) Mellian Man.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Month Porne	alung Ch 2/3, 1932
15 71 . Il 46 M	20 UNDERTAKER ADDRESS
Filed Tel. 3 1932 Jim G. Connelly Registrat	Proial C Beren Sono monty onen, 86
If more banks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

66264

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan', Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (6) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

(Address) ___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1 Production	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilik	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	H FEB 2 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory can			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	60266 STATE OF MARYLAND
County Bally	CERTIFICATE OF DEATH
	Registration Dist. No. 3/
Village or City Granty (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Elizabeth la	NAW number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIER, MARRIER, MIDWED, OR DIVERGED (With the word)	16 DATE OF DEATH 2 4, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/. to 24, 1932 that I last saw har alive on 20, 1932
7 AGE SS yrs. 7 mos. // ds. or min.?	and that death occurred on the day stated above, at 12 300 m.
B OCCUPATION (a) Trade, profession or particular kind of work	Chr. Endocurditis
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF James Bandall	(Signed) Ham & Shigh M. D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Darky France	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) man and wachington	usual residence
(Address) Grands Engl	Parky Cemely Sovaello Jan 27. 1932
15 Filed / 25 1982 H. 7 Shyla Rogistrar	Earloy Lord Chart et Inf
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic chopneumonia (secondary), etc. valvular heart The contributory Always qualify all Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

LA

PHYSICIANS should state ECORD. Every item of inforof OCCUPA. Exact statement properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2.3)
County Balliman	Registration Dist. No. 38
Village or City EUDOWOOD SANATORNIM, TOW	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsyrs.	death occurred in a hospital or institution, give its NAME instead of street and number) Lo ds. How long in U.S. if of foreign birth?
2. FULL NAME Sictor Richard Dil	Tes som
(a) Residence: No. 3730 Remusels ania Co	was Rollingre Mil
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, on divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
(or) WIFE of Lula Litersane	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Sully 13 1896.	I last saw h fire alive on face 1 . 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data setad above, at. 5:1370 m.
35- 5 19 1day, hrs. or min.	The PRINCIPAL CAUSE OF BEATH and related causes of importance were as follows:
8. Irada, profession, or particular kind of work dona, as SPINNER. Malarman SAWYER, BODKKEEPER, etc.	Lukesculous Mercingilis abot 12-12-31
9. Industry or business in which work was done, as SILK MINGLE FAR a let were	A 1
kind of work dona, as SPINNER. Malanman SAWYER, BODKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILLULL Railway. SAW MILL, BANK, etc 10. Data deceased last worked at this occupation was done, as SILK MILLULL Railway. 11. Total time (years) spant in this occupation.	suberculare bullilis about 6-0-31
M. /	Other Caatributary Caases of importance:
12. BIRTHPLACE (city or town) All Market (State or country)	Pulmenay tubercularies Best 1928
13. NAME Piles Delies son	a succession of any and and the
13. NAME Files Selection 14. BIRTHPLACE (city or town) Please (Stata or country)	Name of operation. What test confirmed diagnosis? Y- 1445 - A Sharkwas there are subject to
15. MAIDEN NAME Dorothy Jungon	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Dorathy duson 16. BIRTHPLACE (city or town outstandark (State or country)	Accident, suicide, or homicide?
Hospital Records - Personal History	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address UBOWOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMATION, OR REMOVAL	•••••••••••••••••••••••••••••••••••••••
Place Soudou Date Sour 4 1985	Manner of injuryNature of injury
19. UNDERTAKER It fook (Addies) 1217 db Pauls St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan / 1832 MR P. Bulle A. Ola Registrar.	(Signed) A G Suides M.D. (Ardress) TOWSON, Maryland.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial acphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
, тичела V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH . STATE OF MARYLAND County Baltimor CERTIFICATE OF DEATH Registration Dist. No. 53 (If death occurred in Ward) a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Moath) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION neumones (a) Trade, profession or particular kind of work (b) General nature of industry Sala business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) _____yrs,____mos,___ 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-⋖ OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER Where was disease contracted, if not at place of death? CIA If more blanks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enetc., or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrolpinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accent-EA. E CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DE pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poismed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAC	CE OF DEATH		UUZUU STATE O	F MARYLAND
County	Baltimore	*****	CERTIFICA	TE OF DEATH
				ion Dist. No. 3
Village or C		(No. Dogwood Road	near Rolling Road. w	Yard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3 SEX Male	4 COLOR OR RACE White	SINGLE, MARRIED, Married OR DIVORCED (Write the word)		uary 29 , 1932
6 DATE OF E	Septem (Month)			I attended the deceased from
7 AGE	47 yrs. 4	mos. 12 ds. or min.?	and that death occurred on the date at The CAUSE OF DEATH * was as follow	
particular l (b) General	ON profession or kind of work F& I nature of industry r establishment in	ermer		
which empl	loyed or (employer)	Self	(Duration)	yrs. mos ds.
9 BIRTHPLAC (State or	country) Woodlawn,	, Maryland	Secondary	
10 NAME		eiblich, Sr.	(Signed) Q. C. Sau	M. D.
Let a	THER Balti	imore County, Md.	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
Y OF MO	THER Elizabet	th Schmidt	18 LENGTH OF RESIDENCE (For H	
13 BIRTH OF MO (State		ore, Md.	At place of deathyrsmosds.	the Life mos ds.
4 THE ABOV	E IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	(0 4 4 4
(Informa	mnt) Mrs. Maggie	A. Reiblich	Former/or usual residence 19 FLACE/OF BURIAL OR BEMOVAL	
(Ad	dress) Dogwood Ros	ad, Woodlawn, Md.	With Clare (lu)	Feb. 1st , 19 32
Filed/	1923 /	nh Buffers Registrar	26 UN DERTAKER OOK	1003 West Baltimore St.
	If more branks are	needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing Chronic interstitial nephritis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomdiseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUIGIDAL or HOMIGIDAL, or as *probably* such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The valvular heart disease; Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the that a is essential and must be obtained before the certificate is permanently filed.

MAR 4 193

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66270
1. PLACE OF DEATH	108
County Baltimore	Registration Dist. No. 43
Village or City Rasketurg	No. 109 Kolh are. St., Ward
V //	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAMERIMA? Repp	
(a) Residence: No. 169 Kall Dive	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rarrie the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or offorced HUSBAND of (or) WIFE of the second to the second	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) April 19th 1879	Hest saw her alive on land 5 122; death is seld
7. AGE Yaars Months Days II LESS than	to heve occurred on the date saled above, at 4300 m.
52 3 /6 1 day,	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance were as follows:
8. Trade, profession, or perticuler kind of work dona, es SPINNER, at Isomes SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lobar anumonia
10. Deta decessed lest worked at this occupation (month and yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Can me Candelouse and Condition
13. NAME albert Anartini	Hyton of merals
13. NAME (LIVERY MARKET) 14. BIRTHPLACE (city or town)	Neme of operation Data of
(State of country)	Whet test confirmed diegnosisque al Hestary Was there an autopsy? And
15. MAIDEN NAMEDINGHEAD (Jimmermon 16. BIRTHPLACE (city (prown))	23. If deeth was due to externel causes (VIO) ENCE) fill in also tha following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT John Rept 1 (Address) 109 150 Bloke	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleco 4t Carnel Date Jan 8 , 193 d	Nature of injury
19. UNDERTAKER Trederick Lasarlin star	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 117, 1932 9 a Fit MD Registrar.	(Signed) (Address) F 2 (Address)
If move blanks are needed address State Registres	N. Charles Charles Charles Delivery December 271 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		104	
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1925	Gastroenterit	1 year
	1.0	Wal Bridge	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House. en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (4) Cotton mill; (a) Salesman, (1) Croccry; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it n ture of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very Important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook to report specifically the occ pations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer: Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer Whatever, write None. Housemaid, etc. If the occupation has been changed usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emspecially in industrial employments, it is neces-398.). without more precise specification as Day For persons who have no occupation in many

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for mallgnant neoplasms); Meales; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury "Uraemla," "Weakness." etc., when a definite dlagase vulsions." (secondary or intercurrent) affection need not be Powoned by carbolic acid—probably suicide. "Puerperal sopticuemia," "Puerpenal peritonitis," etc. Whooping cough; "Debillty" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-The na-(second-(merely

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

infor-OCCUPA 1. PLACE OF DEATH bluoda item Village or City Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? vrs. mos. ds. statement PHYSICIAN ECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) PERMANEN BINDING 5a, If married, widowed, or diverced HUSBAND of (or) WIFE of 6 6. DATE OF BIRTH (month, day, and year) certificate properly Days 7. AGE Mont If LESS than 1 day,hrs. Chronic 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that year) _____ occupation ... instructions UNFADING Other Coutributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town in plain (State or country) What test confirmed diagnosis? __. carefully MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (State er country Where did injury occur? 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Neture of Injury. LION 19. UNDERTAKER (Address) If so, specify 20. FILED.

Date of onset

2day:

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

> If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) (Year)

CERTIFY, That Lettended deceased from e/-6----; death is said

to have occurred on the date stated above, at-

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

Myocarditis

No &Phys Was there an autopsy?____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury______ 19____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

lbrook/Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

(Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

ROMEVO A. 2

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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O: contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroentcritis	1 year

PLACE OF DEATH EXACTLY, PHYSI-Village or City RECORD certificate be stated prope PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDOWED ō 4 COLOR OR RACE 3 SEX that it may be tions on back o BINDIN OR DIVORCED (Write the word) **Ehouid** ee instructions CE (Year) If LESS than 7 AGE 0 I day hrs. d be carefully supplied DEATH in plain terms ry important. See instru --THIS RESERVED & OCCUPATION (a) Trade, profession or INK particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) Very 10 NAME OF CAUSE CF I FATHER 11 BIRTHPLACE S OF FATHER RENT of information (State or country) 12 MAIDEN NAME 4 OF MOTHER of OCCUPA 13 BIRTHPLACE OF MOTHER (State or Country) should statement (7) CIAN No. Filed Jan 2 Registra If more banks are needed, addre.s Ltate Registra, AS W. Saratoga St., Balto., Requesting V. S. I.o. 1.

66274 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29. Willer Que Ward) (If death occurred in a hospital or institu-

5	stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	19 , 1932
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	1/1 04
	18 , 1932
and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, at
Myocardial De	confensation
	~~~~
2 1 00	yes mos da.
Contributory Arteria Hel	2 1
(Duration)	Tie mos de.
(Signed) 192 (Address) Jour	sou lle
*State the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ais, Institutions, Trans
At place In the of deathyrsmosds. State	yrsmosds.
Where was disesse contracted, if not at place of dea h?	
Former or usual residence	
19 PLAGE OF BURIAL OR REMOVAL	Law. 214, 1982
20 UNDERTAKER  F. Cay Benns Core	ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or Al Home, and children, not gainfully employed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quos-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISERATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise set. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

>. 20.	V. S. No. 1		MARGIN RESERVED FOR BINDING	RESE	RVE	) FO	R BI	NDING		/	0	(8
z	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	THE REPORT OF THE PERSON OF TH	I UNFADI	NG INK	HT-	SI SI	A PE	MANENT	REC	ORD. Every	item of	infor-
	marion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully	supplied.	AGE sh	ould b	e stat	ed E	XACTL	Y. PI	IYSICIAN	Skhould	state
(	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	n plai	in terms, so	that it	may b	e pro	perly	classified.	Exact	statement	of OCC	UPA.
T	TION is very important. See instructions on back of certificate.	nt. S	see instruct	ions on	back o	f certi	ficate.					

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(45)
County Daltinove	Registration Dist. No. 4 2
Village or City Halethrope	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Alao Schul	Q
(a) Residence: Not annow the talethr	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If manked, widowed, or divorced	21. DATE OF DEATH  (Mopth)  (Day)  (Year)
HUSBAND OF CHIL MILL Seful	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Sov 23.1174	I last saw h alive on 0,1951; death is said
7. AGE Years Months Oays If LESS than I day, hrs.	to have occurred on the date stated above, at 3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MH-10 Carlos SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (most) end	Squemous cel Corcuo ma
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  The transport of the state o
II 13. NAME MAY DUNG	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:  Accident, sulcide, or homicide?, 19,  Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND CHANGE (Address) Carron By Hale Rione	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CEMATION, OR REMOVAD  Place Olldon and Date 1 14 1932	Manner of injury
19. UNDERTAKER MILIANI COOK (Address) 1217 SX Paul Syreck	24. Was disease or injury in any way related to occupation of deceased? 75 0
20. FILED Joney 12, 1932 Ser Smke ffe	(Signed) Tedices O. Seuller M. O. (Address) Verag Med.
If more blanks are needed address State Registrary	24. N. Charles Street Relimone Peauston II S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	231001171001
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Xuly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 17 528	Other contributory causes of importance:	1 year
ADDITIONAL SPACE	OR EURTH	ER STATEMENTS BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

## HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICA'	TE OF DEATH	
1. PLACE OF DEATH.	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
Length of residence in city or town where death occurredyrs	ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME Syssem Scruggs (a) Residence: No. Beechwood and Ill (Usual place of abode)	lewood Road Allewilde (If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on 19, 10 death is said	
6. DATE OF BIRTH (month,day,year) Jukubww 7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as spinner, about sawyer, bookkeeper, etc.  9 Industry or business in which work was done, as silk mill thus the saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:	
12. BIRTHPLACE (city or town) Vilginia (State or country)		
13. NAME Jun Sering 9  14. BIRTHPLACE (city or town) Unginia (State or country)	Name of operation	
State or country)  15. MAIDEN NAME Oralie Stone  16. BIRTHPLACE (city or town) Linguia (State or country)	23. If death was due to external causes (violence) fill in also t following:  Accident, suicide, or homicide?Date of injury, 19  Where did injury occur?	
17. INFORMANT MIS M. a-Simhard	(Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in pub	
18. BURIAL, CREMATION, OR REMOVAL,  Place Grund, La Date Jam 13, 19.32	Manner of injury Nature of injury	
16. BIRTIIPLACE (city or town) Lightia  (State or country)  17. INFORMANT Alls A. a. Simhard  (Address) Concord Linguia  18. BURIAL, CREMATION, OR REMOVAL  Place Country, Va Date Law 13, 1932  19. UNDERTAKER As Soon Soon  (Address) Lawns Med.	24. Was disease or injury in any way related to occupation of deceased? If so pecify Buttor Cocould, M. I	
20. FILED Registrar.	(Address) Jowson and	

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Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage TER 3 1032	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

7. S. No. 1

m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year
			1



PLACE OF DEATH STATE OF MARYLAND County Balto CERTIFICATE OF DEATH the Point breek Registration Dist. No. ......Ward) (If death occurred in a hospital or institu-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED. OR OIVORCED (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ......192 ....., 192 ....., 192 ....., 192 ...... that I last saw h ____alive on _____, 192....., (Day) If LESS than 7 AGE and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? ESERVE B OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Duration) .... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIOEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-1 ( OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death _____yrs.___mos.___ds. 1 1 OF MOTHER (State or Country) Where was disease contracted, if not at place of dea.h?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. 20 UNDERTAKI

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

tion, give its NAME in stead of street and

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, Recommendations on statement of cause of death "Atrophy," "Collapse," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: ia fulness of various pursuits can be known. The queseupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Hausewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (6) For persons who have no occupation Automobile Laborerfactory. The material -Coal mine, etc. (6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausition), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection new (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," de. eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ean be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic valendar heart disease; The Always qualify all contributory

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BINDING

MARGIN RESERVED FOR

V. S. No. 1

1	PLACE OF DEATH  County_Baltimore  lage or City Stoneleigh (No	Registration Dist. No. 3  6905 Mariborough St. Pond Ward) a hospital or institu
"	lage or City Stoneleigh (No	tion, give its NAME in
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Wi	January 2nd, 1932  (Month) (Day) (Year)
6 1		17 I HEREBY CERTIFY, That I strended the deceased from  1864 (Year) that I last saw h Lalive on Jan 186
		SS than and that death occurred on the date stated above, at
P (I b	a) Trade, profession or particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer). Sewing, Machine (State or country)  Prederick County, Md	Off Ce (Duration) yrs mos 3.2 ds.  Contributory Secondary (Duration) yrs mos ds.
RENTS	FATHER PATRICK DONOVAN  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PA	of MOTHER Bridget Callaghan  13 BIRTHPLACE OF MOTHER (State or Country) Ireland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
15	(Informant) Anna Bullock  (Address) 31.05 Sunter Ave Filed au 4 1922 F. Buffler Regis	if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Cathedral Comptons  20 Usbertyker  Address  Address  4611 Pk. Hts.  Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ave

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screen, Gook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation oc without more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer, As examples: (a) Grocery;

Statement of Cause of Death—Name, first, the DIS-EARLE (AUSTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Enhaustion," "Heart IMMUNE, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on etanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . == ! \ FD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FFB 8 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

PLACE	E OF DEATH		00252	STATE OF	MARYLAND		
County	Baltimore	*****************************	(131)	CERTIFICATE OF DEATH			
				Registration	Dist. No. 30		
		(No. Johnny Cal			(If death occurred in a hospital or Institution, give its NAME instead of street and number.)		
PERSO	NAL AND STATIST	TICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH		
3 SEX	4 COLOR OR RACE	SINGLE,	16 DATE OF DEATH	1			
Female	White	MARRIED, Widowed OR DIVORCED (Write the word)	***************************************	(Month)	/-5 , 199 V (Day) (Year)		
6 DATE OF BI	Novembe (Month		that I just saw has	CERTIFY, That I at	tended the deceased from		
7 AGE 8 OCCUPATION	91 yrs. 2	mos. 17 ds. or min.?	and that death occurr	red on the date states	d above, at		
(b) General abusiness, or	nature of industry establishment in yed or (employer)	Housewife re, Maryland	Contributory Con Secondary	. Interestiti	yrs nos de		
10 NAME (	Shadra	ck Brooks	(Signod)	······································	M.D.		
OF FATI Z (State of		timore, Md.			or, in deaths from any and (2) Whether		
12 MAIDER	Tlas I	nown	18 LENGTH OF RES	IDENCE (For Hospi	tals, Institutions, Trans		
13 BIRTHP OF MOT	HER Balti r Country)	more, Md.	At place of death yrsme Where was disease contra	In the Sta	cLife. mos.,ds		
	t) Mr. William	T OF MY KNOWLEDGE Smith	if not at place of death Former or usual residence		***************************************		
	dress) Catonsvill		By It more Ceme		Jan. 18 19 32		
Filed //	16 1927	Hondre Registrar	20 UNDERTAKEN	took	ADDRESS 1003 West Baltimore St.		
	If more branks are	needed address State Registras	r, 16 W. Saratoga St., B	alto., Requesting V.	S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise speriments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiæal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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BINDING

FOR

MARGIN RESERVED

F. .

	51	AIL	OF MAR	YLAND-	CERTIFICATE OF DEATH			
1. PLACE O	F DEAT	Н			130 66283			
CountyI	Baltim	ore			Registration Dist. No. 38			
Village or City Towson  (If  Length of residence in city or town where deeth occurred 20 yrs					ND. 103 Linden Terrace St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)			
			_		as. now long in 0.5.11 of foreign bif(ii)yrsmosas			
		*	E. Snyder					
			(Usual place		If nonresident give city or town and State			
			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH			
3. SEX Male	77.7.	or race	OR DIVORCE	RIED, WIDOWED, D (write the word) Cried	<b>Jan.</b> 6,1932 (Month) (Day) (Year)			
5e. If married, widov HUSBAND of (or) WIFE of		a Lewis	Snuder		22. I HEREBY CERTIFY. That I ettended deceased from			
	Vau	a Henra			Hact sawhere alive on face 5 1932 death le cal			
6. DATE OF BIRTH 7. AGE Yes		and yeer) Months	Sept. 7.	1889	12.20 4			
7. AGE 42		3	29	I day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
Mark was saw Mil	business in s done, as SI LL, BANK, etc	LK MILL, ced et th end	Penna R. I	ime (years) ntin this upation	Myscardial Recompensation Typiag			
12. BIRTHPLACE (ci		Ba	ltimore Mc	1.	Other Contributory Causes of importance:    Color   Co			
13. NAME 14. BIRTHPLACE	Andr	ew Snyde			Clir. Milefluites emb			
14. BIRTHPLACE (State of	(city or tow country)	n)	Baltimon Md.	°e•	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? LL			
15. MAIDEN NA	ME Ann	ie M. Hi	lmer		23. If death was due to external causes (VIOL ENCE) fill In also the following:			
15. MAIDEN NAME Annie M. Hilmer  16. BIRTHPLACE (city or town)  (State or country)					Accident, suicide, or homicide?			
17. INFDRMANT Vada L. Snyder  (Address) Towson, Md.  18. BURIAL, CREMATION, OR REMOVAL  Plece Loudon Park Dete Jan. 6, 19.32					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.			
					Manner of injury			
William Cook  19. UNDERTAKER (Address) 1217 St. Paul St.					24. Was disease or injury in any way related to occupation of deceased?			
20. FILED Jan 7	, 19	32 1	mp Gu	eller eh Registrar.	(Signed) Survey M.			
V		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industr∳ or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis R 9 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			162

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	CIA	SI	HY	P	BY	S	EMENT	STATE	RTHER	F	FOR	ACE	SP	AL	10N	ITI	DD	A
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f, PHYSI- ed. Exact	PLACE OF DEATH  County Baltimure  107.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
RECORD et la EXACTLY, Ferly classified.	Village or City boly ate (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stend of street end number.)
NT State prope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OING RMA IId be ay be back o	Female While Single, Married, Single, Married, Milowed, OR DIVORGED (Write the word)	(Month) (Day) (Year)
BIN PEI shou	(Month) (Day) (Year)	that I last saw her alive on fam / 3th, 192
FHIS I	7 AGE   If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
MARGIN RESERV UNFADING INK ould be carefully su PF DEATH in plain te very important. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER HAMK Sofinovolic	Contributory Secondary  (Duration)
LAINLY, THH	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Matte Protocology  13 BIRTHPLACE OF MOTHER (State or country)  Pland  Pland	*State the Disrase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs des Where was disease contracted,
No. 1  RITE P  SEvery Item of CIANS should statement of	(Informant) Frank Sofmworki  (Address) Hise we leoly ate  Filed aw. 14 1932 4 Manual M.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OUR Lawre Committee and 15, 193 2  20 UNDERTAKER  ADDRESS
z z	Registra:	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). en at home, who are engaged in the duties of the should be used only when needed. As examples: (c) sary to know (a) the kind of work and also (b) the the first line will be sufficient, c.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer trestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros sinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, Chronic interstitial nephritis, use of "Tunnor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, as iracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Mcdical Association.) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; and consequences (e. g., sepsis, etc. Nomenclature of the The Sarcoma,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe dita is essential and must be obtained before the cartificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

County	Baltimor	e		Registration Dist. No.	7.	
Village	or City			Biemiller Ave. Colgate	Ward	
Village	or orty	L	ife (I	death occurred in a hospital or institution, give its NAME instead of street and		
2. FULL	NAME John Fra	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	nos ds.	
(0) 1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Usual place	of abode)	If nonresident give city or town an	id State	
PERS	ONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  January (Month) 25, 1932.	, 193 (Year)	
e. If married, v HUSBAND (or) WIFE		Spence		22. I HEREBY CERTIFY. Thet I attended deceased from January 14th., 1932. to January 25th 1932.		
DATE OF BI	RTH (month, day, and year)		1857	Hast saw him eliva on January 25th., 19 32	; death is said	
. AGE	Yaars Months	Deys	If LESS than 1 day,hrs. ormin.	to heve occurred on the date steled above, et		
8. Treda, kind	profession, or perticular d of work done, es SPINNEN 1 VYER, BOOKKEEPER, etc. 1	ght Wat		Arterio sclerosis and myocar-	Date of onset	
SAV	y or business in which k was done, es SILK MILL, V MILL, BANK, atc	andard	Oil Co.	ditis.	Unknow	
year	eceasad lest worked at occupation (month end] 922		ent in this cupelion	Other Contributory Causes of Importance:		
	E (city or town Baltimo	re Md.				
. 1	r country)			Cerebral trombosis.	2 days	
13. NAME	Wm.W. Spence					
(Ste	LACE (city or town)S ete or country)	cotland		Name of operation Date of What test confirmed diagnosis? Clinical Westhere en		
15. MAIDEN	NAMEMary Jane	Marriot		23. If deeth wes due to external ceuses (VIOLENCE) fill in elso tha following	ng:	
15. MAIDEN 16. BIRTHP (Sta	LACE (city or town) - Scot	land		Accident, suicide, or homicide?		
7. INFORMANT (Addres	GeorgeFS] s) 250 S. Robin	pence		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,	
	emation, or removal  tCarmel		27., 19. 32	Menner of injury		
9. UNDERTAKE (Address	John Ullrich 2008 Orleans		4	24. Wes diseese or injury in any way releted to occupation of deceesed?	No.	
20. FILED	26/340 8/1	Mauri	Registrar.	(Signed) 2942 R. Fayetta Stree	et	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cdr	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Of contributory causes of importance:		Other contributory causes of importance:	
stones	May 1,1923	Gastroenteritis & S	1 year

N B

PLACE OF DEATH	66286 STATE OF MARYLAND
County Ballinine	CERTIFICATE OF DEATH
	Registration Dist. No. 14-14
Village or Gity famons sur (No. 10 2FULL NAME Emmaline In	J-Cust-C-St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED WIDOWS (Write the word)	Sept. (Month) (Day 1831 (Year)
6 DATE OF BIRTH  April 2, 1868	17 A HEREBY CERTIFY, That attended the deceased from Olf 1921 to an 19 1923 2,
(Month) (Day) (Year)  7 AGE [If LESS than	4 30
7 AGE    If LESS than   I day hrs.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Concriona d Stomach
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, 5 anos ds.
9 BIRTHPLACE (State or country)	Secondary Suration Duration vis 5 mos ds.
10 NAME OF STATHER STATE A LANGE STATE STATE A LANGE STATE STATE STATE A LANGE STATE	(Signed) J. Duration) yrs. mos. ds.
OF FATHER  (State or country)	*State the Disease Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mis Jestie & Steelbler	Former or usual residence
(Address) 703 Fast- E-St.	Joulant & Ballo Cly My Jan/21/, 1932
Filed an 2105 1932 y. Att mice mo	Hewart Marin Co Dallo.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Form laborer, Laborer—com more, eve. wom-en at home, who are engaged in the duties of the er," etc., (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by roilwoy train-American Medical Association.) etanus) may be stated under the head of "contributory." Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; Chronie etc. valvulor heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

The same of		60287
SI-	PLACE OF DEATH	STATE OF MARYLAND
HÂ.	County Ballime	E CERTIFICATE OF DEATH
Y, led	1 : 1 : 0	Registration Dist. No. 33
RECORD sid EXACTL erry classif	Village or City Ownigs hulls (No. Par 2FULL NAME / Lelen Stan	ewood State Transfing School (If death occurred I a hospital or institt tion, give its NAME is stead of street an number.)
r R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Se of of of	Jemale White Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH  Jan 19 32  (Month) (Day) (Year)
BINI PER shou titm	6 DATE OF BIRTH  (Magsh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Jan 1932 to Jan 19 , 1932  that I last saw her alive on Jan 19 , 1932
VED FOR THIS IS A pplied. ACE erms so that instruction	7 AGE 6 yrs. 4 mos. 27 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6:30 fr n The CAUSE OF DEATH * was as follows:
ER-KK-	(a) Trade, profession or annate; Rosewood particular kind of work  (b) Consultations of industrial	Epilepsy (marie-Strumpell
IN RES	(b) General nature of industry & clore or order business, or establishment in which employed or (employer) mills, mills.  9 BIRTHPLACE (State or country) Baltimore hud	(Duration) 5 yrs 6 4nos de Contributory Status Spilepticus
MARG I UNFA could be CF DEA	10 NAME OF Roland Stamm	(Signed) George C. Melairy M. C. San 19 1932 (Address) Owing Smills he
WITH tion shalls	OF FATHER  (State or country)  12 MAIDEN NAME  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY, rmat re o	of MOTHER Word Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
AIN	13 BIRTHPLACE OF MOTHER Waryland	At place of death yrs. 3 mos. 22ds. In the 6 yrs. 4 mos. 27d
tems of should ent of o	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Prolitutional Records.	Where was disease contracted, if not at place of death?  Former or Balting, Ind.
ANS	(Informant) Rosewood State (samung (Address) School Owings Smills Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  CESAN Still Com // 22, 1932
S. No. 1	Filed July 199 1927 2 Dy 200 Ala 92 Registrar	John Carrace So Ja Sheeing
> =	If more bianks are needed, addre.a State Registrar	16 W. Sarator St., Balto., Requesting V. S. No. 1.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (teor given up on account of the DISEASE CAUSING DEATH, Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil angineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-." etc., Foremon, 01: For many occupations a yra . Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day Compositor, Architect, For persons npositor, Architect, Locomotive engineer, Stationory fireman, etc. But in many (b) Automobile foctory. The who have no occupation single word or term on not gainfully emmaterial Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal Structure of Cause of Death—Name, first, the DIS. L. EARLY CAUSING DEATH (the primary affection with respect (the primary affection) Strument of Cause of Death-Name, first, the Distime and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro" pneumonu. Bronchapneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic The nature of the injury, etc. The contributory valvular heart Nomenclature not be disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

FEB

66288 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. aband & Enoch Prats . HaxpiNard) (if death occurred in a hospitul er institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. OR DIVORCED (Day) (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h Man alive on ..... (Day) (Year) (Month) and that death occurred on the dare stated above, a IIf LESS than 7 AGE The CAUSE OF DEATH I day brs. B OCCUPATION ERV (a) Trade, profession or particular kind of work ai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory Secondary 9 BIRTHPLACE MARGIN (State or country) 10 NAME OF FATHER .....192 (Address) Towson. 11 BIRTHPLACE *St. te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER OZ Z (State or country) TIO 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 OF MOTHER ients or Recent Residents) Stat 13 BIRTHPLACE At place of death yrs 3. mos. 8.ds. OF MOTHER (State or country) 00 Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of Former or ho usual residence. Hospital Records (0) (Informant) DATE OF BURIAL OF BURIAL OR REMOVAL Very Filed If more blanks are needed, addross Stete Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., withous laborer Com messaged in the duties of the st home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the duties of the laborer at home, who are engaged in the laborer at home, who are engaged in the laborer at home, who are engaged in the laborer at home at laborer at home at laborer at labor tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer. Stationary freman, etc. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully em-W.S). For persons who have no occupation But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," ("PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. valrular heart disease, The contributory Sarcoma,, etc., o

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

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ESERVE

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MARGIN

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomotive Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) eman, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation and children, Laborer--Coal mine, etc. not gainfully em-(b) materia engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, . . (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need Chronic The n:ture of the injury, etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. it of foreign birth? vrs. PHYSICIANS Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 2 EVINA. (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY. That t ettended deceased from (or) WIFE of 1851 certificate. 6. DATE OF BIRTH (month, day, and year) properly Months Days 7. AGE Years If LESS than to have occurred on the date stated above, et 1 day, ..... -- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 0 or ____ min. Oate of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, be of SAWYER, BOOKKEEPER, etc.. may back Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... 0. Data deceased last worked at 11. Total time (yeers) this occupation (month and spent in this noitequeso instructions Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_ Was there an eutopsy? Ale important. 15. MAIDEN NAME 표 23. If death was due to external causes (VIOLENCE) fill in also the following: in MOT Accident, sylcide, or homicide? Date of injury______19. OF DEATH 16. BIRTHPLACE (city or town) PLAINLY (State or country) Where did Injury occur? .... (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE matton Nature of injury. LION 7 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address If so, specify (Signed) (Address) -Registrar. If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ample I		Example II		
h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
FEB 4 1932	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
BUPFAU V.	July5,1927	Peritonitis	3 days ago	
f importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	h and related causes vs:  FEB 4 1932  BUPFAU V.	h and related causes Date of onset ws:  FEB 4 1932 1915 1921 BULLEAU July5,1927  f importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  BULLEAU July5,1927 Peritonitis  f importance:  Other contributory causes of importance:	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give its NAME instead of street and oumber. 1

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at

(Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

DATE OF BURIAL

If more blanks are needed, address Stats Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



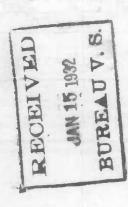
[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus)
"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Pursersal septichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S No. 1

N. B.

Filed

PLACE OF DEATH  County Ballo  Village or City Parkerlle (No. Galifo  2FULL NAME Baly Boy	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 38  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decoased from  1923, to 1923, that I last saw hamalive on 1923,
7 AGE   If LESS than	and that death occurred on the date stated above, at 8.0. m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Md. You will	Contributory Secondary  (Durstion) yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)
OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds.  Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) arnold L. Thorypson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

V. S. 1.0. 1. If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting

Registrai

20 UNDERTAKER

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more present coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wombusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept, inal meningitis"); Diphtheria (avoid use of "Croup"); pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; carbolic acid—probably suicide. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease The nature of the injury, etc. The contributory " "Shock," not be

permanently filed. answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu ations

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should state

of OCCUPA-

County_	0	alto	mon			Registration	on Dist. No.	1
Village	or City O	dger	nere	(If	No. Any devident death occurred in a hospital or institution	av.	Sl.,	Ward
Length of	residence in city	or town where d	eath occurred	yrsmos				
2. FULL I	NAME A	a tell	low i	ufave	1 Tolley			
(a) Resi	idence: No		(Usual place	of abode)	St., Ward.	If nonresid	ent give city or town a	nd State
PERS	ONAL AND	STATIST	CAL PARTI		MEDICAL CE		TE OF DEATH	
3. SEX ?	4. COLOR	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	aw.	16 15 (Day)	, 193 <b>Z</b> (Year)
5e. If merried, w HUSBAND	idowed, or divorc	ed					(52)/	
(or) WIFE			1		22. IHERBY			
A DATE OF BUR	~ · · · · · · · · · · · · · · · · · · ·		aw. 11	5 Th 1932	1 lest saw h alive on		, 19	
6. DATE OF BIR 7. AGE	Years	Months Months	Days	If hESS than 1 day, hrs.	to have occurred on the date stated a	bove, at	m,	, ucath is sait
8. Trade, p	rofession, or part	ticular		101/	were as tollows:			Date of onset
SAW	of work done, a: YER, BOOKKEEP	s SPINNER.	non	<b>→</b>	still tom	. (	2 mo)	
9. Industry	or business in	which			:			
SAW	was done, as SI MILL, BANK, etc		1					
- 1	ceased last work occupetion (mont	ed et th and	11. Total ti	ime (yeers) nt in this				
) year	)	70.	00:10	upation	Other Coutributory Causes of Importa	ince:		
	E (city or town) =.	1119	Edg-	enue				
(State or	1.	Tal	1100					
13. NAME 14. BIRTHR	jerde	4 00	- Co		***************************************			
14. BIRTHR	ACE (city or tow	(n)			Name of operation		Date of	
( (314	te or country	-1 #	10/		What test confirmed diagnosis?		Was there a	n autopsy?
15. MAIDEN	NAME OLI	gavein,	1. 100	nas	23. If death was due to external cause	s (VIOLENCE	) fill in also the follow	Ing:
	ACE (city or tow	n) /- /a			Accident, suicide, or homicide?		Date of injury	, 19
- (Stai	te or country)		DA		Where did Injury occur?	(Specify eits	or town, county and S	tata)
17. INFORMANT (Address	Olizal	Edges	nere		Specify whether injury occurred in I			
18. BURIAL, CRE	MATION, OR RE	MOVAL	Hood		Manner of Injury			
Place		0000		, 19	Nature of injury			
19. UNDERTAKE	(Matin	1. hab			24. Was disease or injury in any way	related to oc	cupation of deceesed?_	
17.	W/7 15	32/9/2	110/1000	vier (m)	(Signed)	um	rick	M. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

2	N. B. WKITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	. Every it	ICIANS	tement o		A CONTRACTOR OF THE PERSON NAMED IN
	RECORD	. PHYS	Exact sta		-
DING	TANENT	ACTLY	assified.		- 63
OR BIN	A PERM	ated EX	operly cla	tificate.	2
MARGIN RESERVED FOR BINDING	THIS IS	uld be st	nay be pr	TION is very important. See instructions on back of certificate.	NOTAGE STATE OF THE STATE OF TH
RESEI	NG INK-	AGE sho	that it n	ions on b	1000
MARGIN	UNFADI	supplied.	terms, se	e instruct	ATUED
	Y, WITH	arefully s	H in plair	rtant. Se	OTUCOLE
	PLAINL	onld be c	F DEAT	very impo	
(1	WHITE	mation sh	CAUSE (	TION is	
V. S. No.T	N. B.	(	1	)	-

2. FULL NA		DAMALUKTUR III.W.NIII		St., W
2. FULL NA	idence In city or town where	death assured use mo	deadl occurred in a hospital or institution, give its N s. ds. How long in U.S. if of foreign birth	AME instead of street and number)
	-			11
		1	well.	
(a) Resider	ice: No. 566	(Usual place of abode)	St., Ward.	ident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
m	white	OR DIVORCED (write the word)	gan .	2 9 193 Z
5a. If marriad, widov	ved, or divorcad		(Month)	(Day) (Yaar
HUSBAND of (or) WIFE of			1 HEREBY CERT	IFY, That I attended decaesed
		. 0 ( .0.0	0 32 to	29 193
	(month, day, and yaar)	6, 1929	I last saw h aliva on	11:30 death is
7. AGE Yes	Months Months	Days If LESS than I day,hrs	to have occurred on the date stated above, at  The PRINCIPAL CAUSE OF DEATH and related	causas of importance
107		ormin.	wera as follows:	Date of o
8. I rade, profa	ssion, or particular work done, as SPINNER,		7 0	(4.4
. Industry or	businass in which		Julian culpus	menugery
SAW MI	s done, as SILK MILL, LL, BANK, atc	••••		- N
Date daceas	ad last worked at pation (month and	11. Total time (years) spent in this		7
		occupation	Dthar Contributory Causes of Importance:	
12. BIRTHPLACE (ci		on. md		9
(State or cou			Oulmunay	July culose
13. NAME C	refred for	adente	ļU	
	(city or town) 9.	gud a. ma	Neme of operation	Dete of
(Stata o	r country)	0	What tast confirmed diagnosis?	Was thara an auropsy?
15. MAIDEN NA 16. BIRTHPLACE	ME CLAUSE	- gears	23. If daath was due to external ceuses (VIOLEN	
16. BIRTHPLACE	' '	cozenia	Accident, suicide, or homicide?	Data of injury, 19
lospital		ersonal History	Whera did injury occur?(Specify of	ity or town, county and State)
(Address)	WOOD SANATO	RIUM. TOWSON. MD.	Specify whether Injury occurred in INDUSTRY, i	in HOME, or in PUBLIC PLACE.
(Address)		~ 4	Manage of Internal	
Placa In	speet Hel	2 Data /26- ( 193	Mannar of injury	
	Orton B	Circa.	Hattie or injury	Assumption of decord?
19. UNDERTAKER (Addrass)	po our par	www your	24. Was diseasa or injury in any way related to d	Decupation of decaased?
1	1 22 Africe	- U Quit.	(Signad)	nulgh
20. FILED	1902	Registrar.	77 7 7 7 7 7	an. Powson Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		THE THE PARTY OF T		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A te	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 66295
infor- state UPA-		1. PLACE OF DEATH	95-8
ould occ	-	County Pallueiore	Registration Dist. No.
E E		Village or City atousville	No. 1 & Roberty leve, St., War
× 20 -7	1		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS		2. FULL NAME Trank Wallace	9
		(a) Residence: No. / 8 Robert ave.	St Ward.
RECORD. PHYSI		(Usual place of abode)	If nonresident give city or town and State
ECC Part Part		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		SEX  4. COLOR OR RACE OF DISORCED (write the word)	21. DATE OF DEATH  AW. 1/  (Pear)  (Year)
H ZOH		5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Land Wallace	22. I HEREBY CERTIFY, That I attended deceased from
BIND EXA EXA y class	e.	6. DATE OF BIRTH (month, day, and youll fluoren	I last saw h alive on 19 ; death is @
	certificate	7. AGE Years Months Days If LESS than	to have occurred on the date slated above, at \$3.0 P.m.
FOR IS A I stated properly	rtil	(3 )   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 03 -	- 1	8. Trade, profession, or particular kind of work done, as SPINNER.	Date ol onse
TED THIS d be	k of	SAWYER, BOOKKEEPER, etc.	chronic Heart disease 6 mg
VK-T should it may	back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, elc.	
(1) 64	no	O 10. Date deceased last worked at this occupation (month and spant in this	Coronni Cose
RES VG I	ous	year) occupation	Other Coutributory Causes of Importance:
MARGIN I UNFADIN supplied.	instructions	12. BIRTHPLACE (city or town) (State or country)	
MARGI UNFA supplied n terms,		13. NAME/ athanuel Wallace	A
1 1	See	13. NAME / Othaniel Wallace	Name of operation Date of Date of
ITTH pla		(State or country)	What test confirmed diagnosis?
Y, WITH carefully H in pla	important.	I	23. If death was due to external causes (VIOLENCE) fill in also the following:
LY, cal	por	5 16. BIRTHPLACE (city or town) Conference (State or country)	Accident, suicide, or homicide?
AINL d be DEAT	E	17. INFORMANT Mus Lina Wallace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	very	(Address) / Y Robells ave Cotourille	
[7]	ls v	18. BURIAL, CREMATION OR REMOVED	Manner of injury
JARITE MATION S. CAUSE	Z	place that the Date yall 17, 19.32	Nature of injury
CA ma	TION	19. UNDERTAKER SISTEM SOUS/ (Address) & elicity lity	24. Was disease or injury in any way related to occupation of deceased?
N .		20, FILED. 1/13 19,32 Heldudiere	(Signed) Marshall B Wish M.
PA	) !	Sufferly Registrar.	(Address) Catompelle Tel
-		If more blanks are needed, addless State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: 33		Other contributory causes of importance:	
Gallstones	May 1 1923	Gastroenteritis	1 year
ADDITIONAL STREET			
ADDITIONAL SPACE I	OF FURTH	ER STATEMENTS BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

V. S. Mo. 1

Length of residence in city or fown where death occurred yes 9 most 2 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. H of foreign birth? yes most 3 ds. How long in U. S. H of foreign birth? yes most 3 ds. H of foreign birth? yes most 3 ds. H of foreign birth? yes most 3 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H of foreign birth? Yes to town and State 4 ds. H	4 200 00	STATE C	OF MAR	YLAND-	CERTIFICATE OF	DEATH	66	296
Village or City  (Ideath occurred in a hospital or instiffation, give in NAME intent and anabor)  Langth of residence in city or town where detth occurred  (a) Residence: No. 1600		10 21			19)		-	72
Length of residence in city or town where death occurred yrs 9 mos 2 ds. How long in U. S. If of foreign birth? yrs mos		0 7	3.00	001	R	egistration Dist.	No.	0
Legit of residence in city or town where death occurred  (a) Residence: No. 140 Chambelsee of shoots  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  DRIVORED Cominc the word)  Solid Horizontal, wildowed, or diversed  Historian of the word of	Village or (	ity to a vor	reerle	o lopri	doubt accurred in a hospital or institution of	TALL NAME INTO	St.,	Ward
(a) Residence: No. 160 (Usualphee of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRED, WIDOWED, OR DIVORCED (wint the word)  3. If married, widowed, of divorced (or) Wife of (wonth)  (a) If married, widowed, or divorced (or) Wife of (wonth)  (b) Wife of (wonth)  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. ACE  Years  Months  Days  If LESS than  1 day, hrs.  1 day,	Length of res	idence In city or town where	death occurred	yrs9mos	22 ds. How long In U.S. if of forei	gn birth?	yrs	10sds
(a) Residence: No. 160 (Usualphee of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRED, WIDOWED, OR DIVORCED (wint the word)  3. If married, widowed, of divorced (or) Wife of (wonth)  (a) If married, widowed, or divorced (or) Wife of (wonth)  (b) Wife of (wonth)  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. ACE  Years  Months  Days  If LESS than  1 day, hrs.  1 day,	2. FULL NA	ME LOW'S	11	chare				
Personal And State   Persona		4	Post	Ren of	Bland - Ward Ba	Ofer	m/. /	Ind
21. DATE OF DEATH  White S. SINGLE, MARRED, WIDOWED.  OR DIVORCED Comic New words  Description of worked was and years of worked words.  1. It merried, widowed, or divorced words or divorced (No) will of the words of the words.  2. It HEREBY CERTIFY. That I attended deceased for 19.29, to January 2.19.3 2.  1. AGE Vests Months Days If LESS than 1. day, hrs. or min.  2. Triede, profession, or particular works of the words of the wo	(a) nesiden	100. HO. 1. 1. 2. 2. 2. 1	(Usual place	of abode)		f nonresident give ci	ly or town and	d State
MALE Whate DYORED Carrier ble word)  5. If married, wildowed, or divorced HUSBANDO (Corrier ble word)  5. If married, wildowed, or divorced HUSBANDO (Corrier ble word)  6. If married, wildowed, or divorced HUSBANDO (Corrier ble word)  7. ACE Years Months Days If LESS than 192 d. In 192			ICAL PARTI	CULARS	MEDICAL CERT	FICATE OF	DEATH	
11. SATE OF BIRTH (Month), day, and year) of the profession, or particular side of work done as SPINNER.  22. I HEREBY CERTIFY. That I attended deceased for 192 to 192. I death is set to have occurred on the date stated above, etc	3. SEX	4. COLOR OR RACE			21. DATE OF DEATH	,	4	
HUSBAND of (or) WIFE of Many Was 2 1 22.  I HEREBY CERTIFY. That I attended deceased from 1927, to 1927, to 1928, to 1927, to 1928, to 192	male	White	0	and the second second	(Mo	nth)	Day)	
5. DATE OF BIRTH (month, day, and year)  1. AGE  1. AG	5a. If married, widow HUSBAND of	00.	- O		29   HEBERY CE	EDTIEV I	hat I attanded	donound from
S. DATE OF BIRTH (month, day, and year)  R. AGE  Years  Months  B. Tade, profession, or particular sind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  J. Modstry or business in which saw will be decessed 1st worked at the decessed 1st worked 1st decessed 1st decesse	(or) WIFE of	many w	we			( )	us 2	7
18. Trade, profession, or particular liday. In the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  19. S. Trade, profession, or particular liday. In the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  19. SAWYER, BOOKKEEPER, etc.  20. Industry or business in which work was done as SILK MILL.  21. Date decessed last worked at this occupation months and spant in this occupation (months and year).  22. BIRTHPLACE (city or town). (State or country)  23. IRADEN NAME  24. SAMIDEN NAME  24. SIRTHPLACE (city or town). (State or country)  25. MAIDEN NAME  26. State or country)  27. INFORMANT  28. DATE  29. Months of the date stated above, etc	6. DATE OF BIRTH	(month, day, and year)	2049	1949		tour :	2 19.3	
8. Trade, profession, or particular kind of work dome, as SPINNER, Caker Sind of work dome, as SPINNER, Caker Sind of work dome, as SPINNER, Caker Sind of work dome, as SILK MILL, SAK, atc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. State or country  11. Total time (years)  11. Total time (years)  12. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  19. UNDERTAKER  19.			Days	If LESS than	to have occurred on the date stated abov	e, et 6 P	m.	
8. Trade, profession, or particular and of work done as SPINNER. SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL OF Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Chr. Euclo Castalution  2. V. E		82 9	21		The PRINCIPAL CAUSE OF DEATH and	retated causes of Ir	nportance	,
Other Contributory Cases of importance:    Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of importance:   Contributory Cases of i	8. Trade, profe	ssion, or particular	(B)					Date of onset
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13. NAME Aby Con Ware  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  Place Ware  (Address)  (Address)  (OFILED  18. BIRTHPLACE (city or town)  (State or country)  (State or country)  Name of operation  (Name of operation  (What test confirmed diagnosis?  West there an eutopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  New Green did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Neture of injury  Neture of injury  19. UNDERTAKER  (Address)	THIS OCCU	pation (month and	spar octi	ntinithis upation				-
(State or country)  13. NAME Chuy Con Luare  14. BIRTHPLACE (city or town). But Confirmed diagnosis? West here an eulopsy?  15. MAIDEN NAME Convert Gaine  16. BIRTHPLACE (city or town). Cite or country)  17. INFORMANT. Mas La. Luare (wife Madress) 400 Popular of Manner of Injury.  Place Ludmington formotion of deceased?  19. UNDERTAKER Advance Advance of Manner of Injury.  19. UNDERTAKER Advance of Manner of Injury.  19. UNDERTAKER Advance of Manner of Injury.  19. OFFILED.  19. Registrar.  (Address) Confirmed diagnosis? West here an eulopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury.  Nether edid injury occurr?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury.  Neture of injury  19. Was disease or injury in any way related to occupation of deceased? More of Manner of Man	an hingupi con (				Other Contributory Caoses of importence	•		
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To be complete, an occupation return must state:

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Example I			Example II	
The principal cause of desof importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No.

1. PLACE O	SIAIL (	JF MAR	YLAND—	CERI	IFICATE	OF DEA	ATH U	0237
County	Pallum				Registration	Dist. No. 3	3	
Village or	city Carro	-9000	ران المان الم	ND.	ed in a hospital or ins			Ward d number)
Length of res	sidence in city or town where	death occurred	yrsmos			f of foreign birth?	yrs	mos ds.
2. FULL NA	WE Poss	ann	anda	$\alpha$	Sugal			
(a) Reside	nce: No. Car	(Usual place	of abode)	St.,	Ward.	If nonresiden	t give city or town a	nd State
PERSON	NAL AND STATIST	ICAL PART	ICULARS		MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX 7	OR DIVORCED (wrije the word)					Jan. (Month)	28 E	, 193 Z
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of James Lee Sypte			22.	1 HEREB	Y CERTIF	Y. That I attended	d deceased from	
6. DATE OF BIRTH	(month, day, and year)	./		I last saw	h alive on	Jan.	27 ,19.8	; death is said
-	ars Months	Days	If LESS than	il .	curred on the date st			
85			1 day, hrs.	The PRING were as fo	CIPAL CAUSE OF DE	ATH and related cau	ses of importance	Date of onset
8. Trade, profe kind of SAWYER 9. Industry or work wa	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.				men	ve Palm	4000	nos
Industry or work was SAW MI	business in which as done, as STLK MILL, ILL, BANK, etc					/-		1231
O To. Date deceas	sed last worked at upation (month and	sp3	time (years) ent in this upation					
12. BIRTHPLACE (c	,	L		Diher Con	tributory Causes of in			Jan 24
(State or cou	7	01-1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		is so bre	e from	Whole	
13. NAME S	Jamuel &	Mass 6	7	-				
	E (city or town)	ud	/	Name of o			Date of	
出 15. MAIDEN NA	AME Than	Copper	ome lle		confirmed diagnosis? was due to external			
15. MAIDEN NA	E (city or town)	rely			suicide, or homicide?.			
₹ (State o	r country)	***************************************	/		injury occur?			
17. INFORMANT(Address)		to me	Bleaus	Specify wh	hether Injury occurred	(Specify city o I in INDUSTRY, in H	r town, county and S DME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMA	TION, OR MEMOVAL	2	2.4	Manner of	Injury			
Place	derry blo less	Date far	4.3/,19.32	Nature of	injury			
19. UNDERTAKER	Johanny Was	Er To	en In	-	ease or injury in any	way related to occu	pation of deceased?_	743
20. FILED Jane	18 1032	Hund	sade)	If so, spec	12 -	m. Sta	JE)	)
20. 11111	13		Registrar.		(Address)	es lesolo.	my Zang	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11.5,1,4

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The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVES	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1932	July 5,1927	Peritonitis	3 days ago
Other contributory ca	BUREAU STATE		Other contributory causes of importance:	
	nuses of importance.			
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH

Length of residence in city petewn where death occurred

Village or City

2. FULL NAME (a) Residence: No.

County

PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3/SEX M. COLOB OF RACE	5. SHIGLE, MARRIED, WIDOWED, OR DIVORCED (brite the word)	21. DATE OF DEATH	10 1932 (Yeer)		
5e. If marriad, widowed, or divorces? HUSBAND of (or) WIFE of	mekin	22. I HEREBY CERTIFY The	at I attanded decaased from		
6. DATE OF BIRTH (month, day, and year)	091831		19_3.2, daath is sald		
7. AGE Yaars Month's	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1930 for the PRINCIPAL CAUSE OF DEATH and related causes of im			
00 0	ormin.	ware as follows:	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		Interiorschleron's	- 1928		
9. Industry or businass in which work was done, as STLK MILL, SAW MILL, BANK, etc	none	musmus nepm	aus yay		
O 10. Date deceased last worked et this occupation (month end	11. Total time (years) spent in this				
year)	occupation	Othar Contributory Causes of importance:	1935		
(State or country)	184:11	atrophie Sastrili	g Jank		
13. NAME 14. BIRTHPLACE (city of town)	to pieces	Name of operation.	Date of		
(Stata or country)	D 11	What tast confirmed diagnosis?			
15. MAIDEN NAME / NAME	o pratts	23. If death was due to external causes (VIOLENCE) fill in als			
16. BIRTHPLACE (city or town)	2	Accidant, suicide, or homicide? Date of	injury, 19		
∑ (State on country)	11 7 11	Where did injury occur? (Specify city or town,	and State		
17. INFORMANT	und free for	Specify whathar Injury occurred in INDUSTRY, in HOME, or	in PUBLIC PLACE.		
18. BURNAL, CREMATION, OR REMOVAL	1 Con 2/2 5	Mannar of injury	•••••		
Chace Comments	bate , 19	Neture of injury			
19. UNDERTAKER Payer	Strysly	24. Was disease or injury in any wey related to occupation of	deceased? &		
(nodiess)	The state of the s	(Signed) Louis luck	· cill "		
20. FILED 2 , 1952	Del ul sgistrar.	(Appress) atout	De My		
If more b	clanks are needed, address Sate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

(Usual place of abode)

STATE OF MARYLAND-CERTIFICATE OF DEATH 60298

(131)

Ward.

(If death occurred in a hospital or institution

Registration Dist

foreign birth?

(we its NAME instead of street and number)

If nonresident give city or town and State

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Example I			Example II		
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Chronie interstiti	age age	1921	Run over by street car	1 week ago	
Cerebral hemorrh	age	July 5,1927	Peritonitis	3 days ago	
	1000				
Other contribu	tory causes of importance.		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR 1	FURTHER	STATEMENTS	BI	PHYSICIAN

Exact.	PLACE OF DEATH County Baltinione	# <b>(B)</b>	STATE OF CERTIFICATE	
, Filed. ✓			Registration	Dist. No. 33
RECORD  CA EXACTL  erly classificate.	Village or City Ourngs Due 2FULL NAME 210	ell Vernica	od State Trainings School Ward	(If death occurred a hospital or instit tion, give its NAME i stead of street ar number.)
T R Rated	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
MARKEN MARKEN and he si ay be pi back of	Temale White	E SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Jan  (Month)	3 , 19 <b>32</b> (Year)
A PERM	6 DATE OF BIRTH Sep		17 I HEREBY CERTIFY, That I att	
IS IS IS IS so struc	7 AGE 25 yrs. 3	mos. // ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	15E
See See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	ite Rosewood State	(acquired), with Effa Parolysis and Ode	stic
RE ING arefu	which employed or (employer)	I Sul.	Contributory acute Chot Secondary	
MARGIN H UNFADI HOUID BE CO OF DEATH	10 NAME OF John C	Milliamo	(Signed) George O. Welso	M. I
WITH SHION SH	M 12 MAIDEN NAME	sburg Pa.	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
Informa state ccupA	OF MOTHER Usabe  13 BIRTHPLACE OF MOTHER (State or country)  Self	Terille Jul	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)  At place of death 10 yrs 9 mos 1 ds. In the State	25 vs. 3 mos // d
ITE PL should shut of 0	14 THE ABOVE IS TRUE TO THE BES	of of MY KNOWLEDGE mal Records;	Where was disease contracted Tollynny	meningitio al
Every H CIANS Stateme	(Address)	rwings wills, hed	19 PLACE OF BURIL OR BEMOVE	Jan 3, 182
S. N.	Filed Jan. 3 1952	H.m. Slade	F Easch's Sons	Hyalterlle ma
	ir more blanks are	needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S	o, 110. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from /, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs .. Farm laborer, without more precise specification as Day For persons who have no occupation, (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(6) engineer, Grocery;

Stritement of Cause of Death—Name, first, the DISPERSE (*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Eightheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condiresulting from childbirth or miscarriage or intercurrent) " "Marasmus, Committee on Chronic " "Old Age, " "Shock, etc. The contributory affection need valvular heart Nomenclature Always qualify all not be disease; as

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6

of OCCUPA.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEA	TH			82-2			
Cou	inty Balt	imore			Registration Dist. No. 32			
	Village or CityPikesville				No. 28 Brightside Avenue St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds How long in U.S. if of foreign birth?			
2. FUI	L NAME	Edgar M	.Willia					
	Residence: No.				St., Ward.  If nonresident give city or town an	d State		
PE	RSONAL AN	ND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX  4. COLOR OR RACE Male  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married					21. DATE OF DEATH  January  (Month)  (Day)	, 193 2 (Year)		
(or) W	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E.Willis  6. DATE OF BIRTH (month, day, and year March 8.1849				22. I HEREBY CERTIFY, That I attended deceased from December 28, ,1931, to January 6, ,1932   death is seid			
7. AGE	Years 82	Months 9	Days 29	If LESS than I dey, hrs. or min.	to have occurred on the date stated above, at 9 Pm.	Date of onset		
9. Ind	8. Trade, profession, or particular kind of work done, as SPINNER. Wat chman SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end 1918 spent in this year)  12. BIRTHPLACE (city or town)  13. Trade, profession, or particular winds as SPINNER. Wat chman SAWYER, and so SPINNE				Cerebral Hemorrhage  Other Contributory Causes of Importance:	Dec 28 1931		
1	(State or country)				Semility			
	13. NAME Z. Mapp Willis  14. BIRTHPLACE (city or town) Virginia (State or country)				Name of operation None Dete of What test confirmed diagnosistlinical Was there an			
15. MAIDEN NAME Annie ? 16. BIRTHPLACE (city er town) Virginia (State or country)  17. INFORMANT Mrs. J. D. Peake					23. If death was due to external causes (VIOL ENCE) fill in also the followin Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19		
(Address) 313 Tuscany Road  18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cemeters Jan. 8, 1932					Manner of Injury			
19. UNDERTAKER William J. Tickner and Sons (Address) North and Pa. Avenues  20. FILED AND J., 1932 N. E. B. Nucholo Registrar.				nicholo	24. Wes disease or injury In any way related to occupation of deceased? It so, specify (Signed) & C. Websel (Address) Pikesville, Maryland.	М. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Diat. No. // Ward) (If death occurred in a hospital cr institution, give its NAME inof street and stead number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF DEATH MARRIED, OR DIVORCED (Write the word) (Month)-CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 193 2 to 1 cm 14 (Month) (Dav) (Year) IIf LESS than 7 AGE I day hrs AUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. mos. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLAG Disease Causing Death, or, In deatha from Violent Causes, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death ..... yrs ...... ds. State.....yrs.....mos... (State or country) Where was disesse contracted, if not at place of death?..... KNOWLEDGE 14 THE ABOVE IS TRUE TO usual residence. BURIAL OR REMOVAL If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when reeded. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesi-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursaits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEA E CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gairfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager." "Dealhousehold only (not paid L'ouscheepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Form laborer, Laborer - Coal mine, etc Womwithout more precise specif ation as Day Compositor, Architect, (6) For persons who have no occupation Automobile factory. Locomolive engineer, As examples: (a) But in many The materia (b) Crocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State cause for which our state was undertaken. For which our state weakly such and qualify as a diddental below to the person of as probably such, if in a right of the confidence of as probably such, if in a right of the confidence of as probably such, if in a right of the confidence of the confide "Uraemia," "Weaknes," o., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from couldbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Inanition," "Heart fadure," "Ilaemorrhage," "Inanition," "Marasmy, "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-utic, "Atrophy" "Collapse," "Comu," "Convulsions," (secondary Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of shell, and consequences (e.g.; serwis, curbolic acidaccident; Levo. American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; or intercurrent) Chronic head-homicide; Poisoned by valvular heart disease; affection need The n_ture of the injury, The contributory not be

If this certificate is looked over thoroughly and all questions ans vered in detail, it will prevent further correspondence. Althe dita is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH.

### HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATE OF DEATH 9400

1	1	8,	10	13
6	U	J	U	4

Registered No.

(If death occurred in a hospital or institution, give its NAME lustead of street and number.)

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RD. Every item of HYSICIANS should Exact statement of

PERMANENT stated EXACT AGE should be that it may

MARGIN RESERVED FOR BINDING

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N. B. +WRITE PLAINLY, WITH UNFADING INK.	ully supplied.	n nlain terms.
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	michael	mosds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME (a) Residence: No.	
	(Usual place of abode)	(If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
certificate.	5. Single, Married, Widowed, or Diverced (write the word)  5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month, day, year)
on back of	6. DATE OF BIRTH (month, day, year) May /8./868 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance were as follows:  Date of onse
ee instructions	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as slik mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year) occupation occupation	Other contributory canses of importance:
important. S	12. BIRTHPLACE (city or town) Sacro.  (State or country)  13. NAME  14. BIRTHPLACE (city or town) Sacro.  (State or country)	Name of operation.  What test confirmed diagnosis? Was there an autopsy?
is very	15. MAIDEN NAME Elizabeth Saule 16. BIRTHPLACE (city or town) Ireland (State or country)	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
PATION	17. INFORMANT Brother Tom Januard  (Address)  18. BURIAL, CREMATION OR REMOVAL	Specify whether injury occurred in industry, in home, or in public place.  Manner of injury
OCCU	19. UNDERTAKER LELE M Predefeed (Address) 4/4 Greenmount are	Nature of injury
)	20. FILED /-18-, 1032 & & Uchas Registrar.	(Signed) Address) 4 Address) 4 Address

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examples:

Example I			Example II	
The principal cause causes of importance we	of death and related	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE CHARLES	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	手里 3 1992	July 5, 1927	Peritonitis	3 days ago
	BURRATE			•
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1, 1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Approved by U. S. Census and American Public Health Asso.]

occupation whatever, write None. state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH. or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite "Laborer," "Foreman," "Manager," "Dealer," form part of the second statement. Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, spective of age. For many occupations a single word question applies to each and every person, Farmer (retired, 6 yrs.). For persons who have no Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer vided for the latter statement; it should be used only healthfulness of various pursuits can be known. occupation is very important, so that the relative in domestic service for wages, as Servant, Cook, At school or At home. Statement of Occupation .- Precise statement of business, that fact may be indicated thus: Care should be taken to Compositor, Archi-Never return as o

indefinite); Tuberculosis of lungs, meninges, peri-Bronchopneumonia ("Pneumonia," same accepted term for the same disease. Examples: DISEASE CAUSING DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of port "Typhoid pneumonia"); Lobar pneumonia; "Epidemic Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the (name origin; "Cancer" is less definite; avoid use of (avoid use of "Croup"); Typhoid fever (never re-Statement of Cause of Death .- Name, first, the cerebrospinal meningitis"); unqualified, Diphtheria

> rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorsymptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. "Puerperal septicemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; the American Medical Association.) (secondary or intercurrent) affection need not be probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of for malignant neoplasms); FOR VIOLENT DEATHS State MEANS OF The nature of the injury, as Measles;

BY PHYSICIAN.

ADDITIONAL SPACE FOR FURTHER STATEMENTS

S. No. 1

### PLACE OF DEATH

County.

D 7	1 0	
- R2 1	t.im	ore



### STATE OF MARYLAND CERTIFICATE OF DEATH

					Registration	Dist. No.
Villag			Jane Ellen Wright		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
	PERSONA	AL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH
3 SEX		White	SINGLE, MARRIED. Widowed OR DIVORCED (Write the word)		January 8	, 192 32 (Year)
6 DA	TE OF BIRTI	H Septemb (Month	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 I HEREBY C	ERTIFY, That I at	tended the deceased from 8, 1932,
7 AGE		3 yrs. 3	mos. 10 ds. or min.	The CAUSE OF DEATH	* was as follows:	dabove, at 10 30 Am,
(b) busi whice	General nati			Contributory Secondary	w. from	yrs
10	O NAME OF	Maryl John D	owens	(Signed)	(Chration)	eccus M. D.
ENTS -	OF FATHER (State or c	ountry) St. M	ary's County, Md.		se Causing Death,	or, in deaths frem ajury and (2) Whether
A 12	OF MOTHE		h Evans	18 LENGTH OF RESID	ENCE (For Hospi	tals, Institutions, Trans-
	OF MOTHE (State or C	R St. M.	ary's County, Md.	At place of deathyrsmos.	ds. In the	Lifes mos ds.
14 TH	E ABOVE IS	TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contract if not at place of death?		· · · · · · · · · · · · · · · · · · ·
(	(Informant) N	Irs. Howard H	olland	Former or usual residence		**************************************
			Road, Catonsville	Bestimore Con		Jan. 11 , 19 32
IS Fi	led	1927 8	Holidan Rogistrar	XMED (	ook	1003 W. Baltimor

If more bianks are needed, ddres Late Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menatic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. American Medical Association.) approved carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus, Old Age, Chock, "Uraemia," "Weakness," etc., when a definite disease peritonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; Carcinoma, Sarcoma, etc. The contributory Always qualify all etc., of

If this pertificate is looked over thoroughly and all qu stions anatoged in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

permanently filed.

should state RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. A WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1305
1. PLACE OF DEATH		1000
County Bults	Registration Dist. No. 43	
Village or City (Incless). (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and a	Ward
Langth of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmo	s ds.
2. FULL NAME John Michael	Zeiler.	
(a) Residence: No. 708 Elmword and (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH, 9 Saturday (Month) (Day)	193 2. (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Katherine Zeiler	22. OCT GENTIFY. That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) Noc. 6 - 18 6 7	I last saw h alive on 19.7.3	death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.	
65 T 3 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	angina Pectores	Lan 1971
No. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i></i>	J
11. Total time (years) this occupation (month and yaar)		
12. BIRTHPLACE (city or town) Balto. Md. (State or country)	Other Contributory Causes of Importance:	34.
13. NAME John S. Zeiler	nelvulas	
14. BIRTHPLACE (city or town) Ballto. md	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Sayof Englof Was there an a	u·opsy?
15. MAIDEN NAME Natherne Heasler.	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME ) (atherie Healt).  16. BIRTHPLACE (city or town) Salto md	Accident, suicide, or homicide? Data of injury	, 19
(Stata or country)	Whera did injury occur?(Specify city or town, county and State	
(Address) 70 8 Elmund and	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL Place Hally Redlemen Date Jan. 13, 19.3.2	Manner of injury	
19. UNDERTAKER Silly & Zeiler One. (Address) 403 St Wille St.	24. Was disease or injury in any way related to occupation of deceased?	h
20. FILED 1/12 , 1932 D. a. Buty M. H. Registrar.	(Signed) Elist Beus was	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SIUIA	N
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PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY.

FOR BINDING

MARGIN RESERVED

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF	DEATH			<del></del>
County Ba	ltimore			Registration Dist. No. 49
Village or City_	Fullerto	on	(1)	No32 Ridge Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence	e In city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Charles	Zeller		Marie Control of the
(a) Residence:	No. 32 Ride	Ge Road (Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4.	COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
Male	White		ried	January 6th, (Dey) (Yeer)
5e. If married, widowed, of HUSBAND of	or divorced	4000		22.   I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	Margaret	Zeller		kan 3 1932 to lare 6 1932
6. DATE OF BIRTH (mon	th dev and year) MS	arch 9.	1859	I last so h see alive on the 1932 death is seid
7. AGE Yeers	Months	Deys	If LESS then	to heve occurred on the date steted a ve, at 1:40 Pm.
72	9	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
9. Industry or busin work was don SAW MILL, B	done, as SPINNER, OKKEEPER, etc ness in which ne, as SILK MILL, ANK, etc st worked at on (month end 191:	L Occi	ime (years) It in this Ipation	Other Contributory Causes or importence: Payargature
13. NAME JO	seph A. Z	eller		
13. NAME JOSE 14. BIRTHPLACE (cit (Stete or coul	y or town)	many		Name of operation Date of Whet test confirmed diegnosis Pharpara West there en autopsy 120
15. MAIDEN NAME	Unknow	1		23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou		nany		Accident, suicide, or homicide?
	argaret Ze 2 Ridge Re			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION				Menner of Injury
Place HOLY.	Redeemar	Dete J. B.D.	9, 19.32	Neture of injury.
19. UNDERTAKER (Address)	rederik Z 7401 Bela	ir Road	alow)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1977	1932 9	a. Fritz	M.D.	(Signed) Olympia (M. D. M. D.
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample TCE IV	EU	Example II		
The principal cause of deat of importance were as follows:	h and related cause ws: FE3 2 19	S2 Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BUREAU	V. 5 1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		Jacky 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) Month) (Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 930 l day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry Ē business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ō 11 BIRTHPLACE OF FATHER CAUSI *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place of death __yrs 5 OF MOTHER (State or Country) Where was disease contracted, shoul if not at place of dea.h?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 20 UNDERTA If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease The nature of the injury, valvular heart disease; affection etc. The contributory need " "Shock," Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is proposed to be successful.